Government of Saskatchewan

Annual Report 2002-2003

Saskatchewan Health

Saskatchewan
Our Future is Wide Open ®

Table of Contents

103-06634/

Letters of Transmittal 2

Who we are 3

Our 02-03 Annual Report 6

2002-03 Fiscal Year Results 7

Overview of Plan for 2002-03 and Beyond 8

Results at a Glance 9

2002-03 Performance Results 12

Goal 1: Improved access to quality health services 12
Goal 2: Effective health promotion and disease prevention 17
Goal 3: Retain, recruit and train health providers 21
Goal 4: A sustainable, efficient, accountable and quality health system 24

2002-03 Financial Results 30

Our Plan for 2003-04 and Beyond 35

Overview of Plan from 2003-04 and Beyond 36

Plan at a Glance 36

2003-04 Budget Overview 39

Trends and Issues 40

Changes from 2002-03 Performance Plan 41

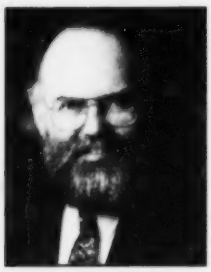
Where we are Headed, What we intend to do & How we will Measure Progress 41

Goal 1: Improved access to quality health services 42
Goal 2: Effective health promotion and disease prevention 47
Goal 3: Retain, recruit and train health providers 54
Goal 4: A sustainable, efficient, accountable and quality health system 60

Where to Obtain Additional Information 68

Appendices 69

Letters of Transmittal



To Her Honour
The Honourable Dr. Lynda M. Haverstock

Lieutenant Governor of Saskatchewan

May It Please Your Honour:

I respectfully submit, for your consideration, the annual report for Saskatchewan Health for the fiscal year ending March 31, 2003.

This report continues to reflect a move toward greater accountability within government and the Department of Health in particular as we strive to offer the best possible health care to all citizens of our province.

Respectfully submitted,

John T. Nilson Q.C.
Minister of Health

To the Honourable John T. Nilson Q.C.
Minister of Health

Minister:

On behalf of the staff of Saskatchewan Health, I am pleased to present to you the Department's annual report for your consideration. In accordance with *The Department of Health Act*, *The Prescription Drugs Act*, *The Saskatchewan Medical Care Insurance Act*, and *The Vital Statistics Act*, this report covers the activities of the department for the fiscal year ending March 31, 2003.

I would like to commend Saskatchewan Health staff members for their continued dedication to ensure all citizens in the province receive the best possible health care.

Respectfully submitted,

Glenda Yeates
Deputy Minister

Who We Are

Saskatchewan Health is committed to quality, accountability and continuous improvement in the delivery of publicly funded and administered health care. We were one of the first provinces to recognize the need to change the way health care was managed and delivered so that we could be sure our health care system could provide quality care long into the future. We led the country in anticipating and directing health care renewal, and in many respects we continue to lead today. That leadership role informs everything we do at Saskatchewan Health.

Our *Action Plan for Saskatchewan Health Care* provides a clear view of where we are heading and how we intend to get there. It sets out our four goals for continuous improvement and our commitment to health care quality for the people of Saskatchewan. Those goals are:

1. Provide better access to health services, including primary, hospital and emergency care;
2. Increase effectiveness to support good health and prevent illness;
3. Improve health workplaces and address shortages of key health providers; and
4. Place a greater emphasis on quality, efficiency and accountability in order to ensure the long-term sustainability of our Medicare system.

In 2002, Saskatchewan Health released a comprehensive performance plan that links key actions with our goals. This year's annual report measures our progress towards those goals and our vision of a healthy people, a healthy province. That vision continues to guide our efforts in securing the future of our health system.

In 2002/03 the Saskatchewan Government invested $2.34 billion dollars in health care. This represents an increase of 6.2 per cent over the previous year and approximately 37 per cent of the total provincial budget. Saskatchewan Health is organized into 16 branches, each with a mandate to promote accountability and sustainability in the provision of quality health services. The following partial list provides a quick snapshot of the types of services and care provided through our annual investment in health care.

- 4,590,900 visits to family physicians and 993,500 visits to specialists.
- coverage of part of the costs of nursing home care for some 9,000 residents in special-care homes, hospitals and health centres
- more than 800,000 days of in-patient hospital care.
- more than 261,000 radiology services, 152,000 ultrasounds, more than 72,000 CT scans and more than 12,300 MRIs.
- 1,300,000 tests at the Provincial Lab, in addition to millions more in labs at hospitals and physicians' clinics.

Funding to health regions accounts for two-thirds of the Department of Health's budget. Total operating funding to the regions in 2002-03 was $1.482 billion, representing a $100 million, or 7.3 per cent increase in regional funding from the previous year.

To ensure health dollars are invested wisely, our Action Plan outlines a number of initiatives to improve planning and accountability of health expenditures. In 2002, we undertook a major redesign of health governance by moving from 32 health districts to 12 Regional Health Authorities. This new management model provides for better integration of regional health services and improved accountability. Health Regions are responsible for investments in hospital-based services, long-term and continuing care, primary health care and other locally delivered health care services.

In addition, Saskatchewan Health is also accountable for direct investments in our health care system. Every year, the department manages millions of health care transactions including health registration, payments to health care practitioners, and prescription drug benefit payments.

For instance, last year Health Registration revalidated and assigned health cards to the one million plus Saskatchewan residents eligible to receive provincially insured health benefits. Our Drug Plan provided financial assistance to approximately 110,000 Saskatchewan families to help with their drug costs. Approximately eight million drug claims were processed for covered residents. The Provincial Laboratory performed approximately 1,300,000 clinical tests in addition to 90,000 water quality tests to address the increasing complexity of public health, environmental and clinical issues present today.

In Canada, both the federal and provincial governments play a major role in the provision of health care.

The federal government provides funding to support health, education and social services through the

Who We Are

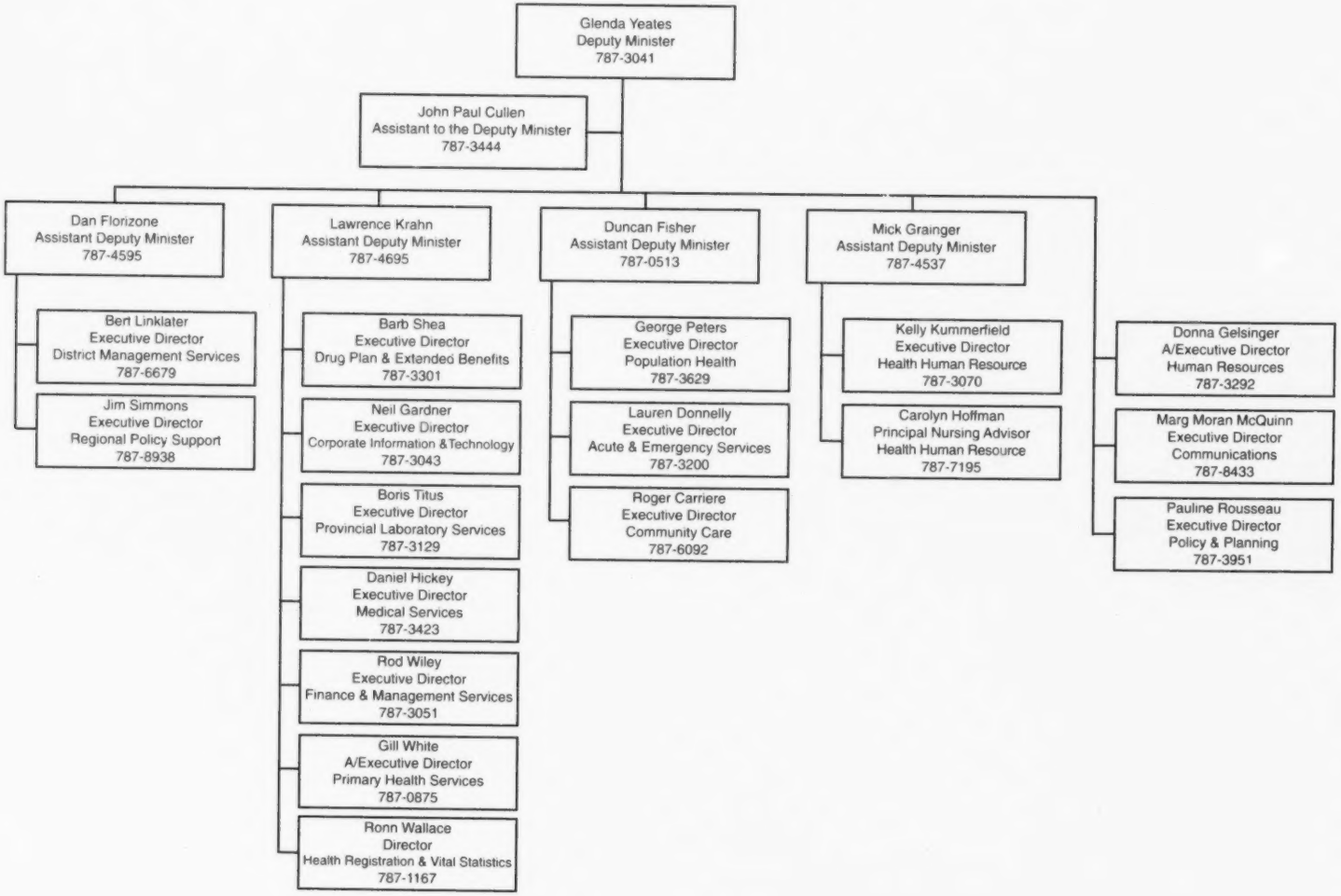
Canada Health and Social Transfer (CHST). It also provides health services to certain members of the population (e.g. veterans, military personnel and First Nations on reserve) and maintains safety for food and drugs in Canada.

Provincial governments have responsibility for most other aspects of health care delivery. Saskatchewan Health sets policy and standards for health services, and administers the province's annual health budget of more than $2 billion.

We have made a strong start towards achieving the goals as set out in the Action Plan for Saskatchewan Health Care. The 2002/03 Annual Report provides evidence of this progress. The 2003/04 Performance Plan provides a clear view of how we intend to continue this work towards a sustainable, accountable health care system for the people of Saskatchewan.

Saskatchewan Health

Minister of Health – The Honourable John T. Nilson, Q.C.



Our 2002-03 Annual Report

This is a year we continue a significant transformation for the look and content of our Annual Report. The transition began with last year's annual report, where for the first time ever, the department's 2002-03 Performance Plan was included. That document outlined in detail our plans for the future.

As a result, this year's report serves two distinct roles. The publication:

- Reports on the results of the goals set out in the 2002-03 Performance Plan; and,
- Sets out our updated Performance Plan for 2003-04 and beyond.

These changes are as a result of the government's intention to bring in a new accountability framework first announced in the 2000-01 Budget speech. This framework is intended to give Saskatchewan people solid reference points by which to judge the performance of their government.

Clearly reporting the progress against our previously released plan demonstrates a transparency and accountability to the residents of Saskatchewan. Our Annual Report will continue to evolve providing updated and accurate information.

2002-03 Fiscal Year Results

Overview of Plan for 2002-03 and Beyond

The 2002-03 Performance Plan drew heavily on *Healthy People, A Healthy Province: The Action Plan for Saskatchewan Health Care*, which was introduced by government in December 2001. The Action Plan is a broad strategic plan that outlines our vision for the future of the health system, and provides a blueprint to ensure the continued delivery of accessible, quality health care in Saskatchewan.

The Action Plan reaffirms the government's commitment to take a strong leadership role in making necessary changes, and states its top priority: improving the quality of services and access to care, while ensuring the health system is sustainable into the future.

The 2002-03 Performance Plan built on the work done by the Action Plan, and identified the following vision statement:

"Building a province of healthy people and healthy communities."

To achieve this ideal, Saskatchewan Health identified in the 2002-03 Performance Plan four long term goals, and a set of measurable long-term objectives for each of these goals:

Goals	Objectives
1. Improved access to quality health services.	• Responsive, coordinated primary health care. • Reduce waiting times for surgical procedures. • Improve emergency medical care. • Improved hospital, specialized services and long-term care.
2. Effective health promotion and disease prevention.	• Better promotion of health and disease prevention. • Improve the health of northern and Aboriginal communities.
3. Retain, recruit and train health providers.	• Improve utilization and availability of health human resources. • Develop representative work places. • Create healthier more effective work places.
4. A sustainable, efficient, accountable and quality health system.	• Ensure quality, effective health care. • Appropriate governance, accountability and management for the health sector. • Sustain publicly funded and publicly administered Medicare.

2002-03 Results at a Glance

Saskatchewan Health made significant progress in many key areas in 2002-03. Our investments span the full range of health care delivery from new ways of accessing primary care, to improving surgical access across the province, to building new integrated health care facilities.

This year many of our investments also reflect priorities set out by our new health regions and the Saskatchewan Cancer Agency. At Saskatchewan Health we know every investment counts. The following list provides a short sampling of our work in 2002-03.

Goal 1: Improved Access to Quality Health Services

- The contract for the development and management of the 24-hour telephone advice line was awarded to the Regina Qu'Appelle Regional Health Authority. *HealthLine* is an innovative, efficient way to ensure that residents across the province have immediate access to health advice. Calls will be answered by registered nurses who can assess symptoms, provide health information or advice, and help callers choose the most appropriate source of treatment for their health concerns.

- The department continued working with Regional Health Authorities (RHAs) on advancing primary health care reform. *The Guidelines for the Development of a Regional Health Authority Plan* for primary health care were issued by Saskatchewan Health. These guidelines provided direction to the RHAs to ensure a consistent approach and to enhance the expansion of primary health care teams across the province.

- The Saskatchewan Surgical Care Network (SSCN) was created. This advisory committee is dedicated to creating a better surgical care system in Saskatchewan. SSCN initiatives include a province-wide surgical registry to track all patients needing surgery, establishing acceptable wait times in each of the specialty areas and developing standard criteria for specialists in evaluating their patients need for surgery.
- The SSCN Web site **www.sasksurgery.ca** was launched in January 2003. It describes how the surgical care system works and provides information on wait times for non-emergent surgery in Regina and Saskatoon.
- Surgical Care coordinators were hired for the Regina Qu'Appelle and Saskatoon Health Regions to assist communications between patients, regions and referring physicians. All health regions have designated regional surgical contacts as well.

- The telehealth network was expanded to bring the total to 10 communities and 12 program sites. It allows residents in remote areas access to some specialists without having to leave the community. The telehealth technology uses computers and sophisticated video conferencing system to allow physicians in urban areas to see patients and provide consultation services to patients in rural remote areas. It also enables health care providers, patients, and the public to participate in continuing education and health information programs, and supports health providers in rural communities.

- 33 bursaries of $2,500 each were awarded. Fifteen of those bursaries were to students attending full-time as part of an initiative to begin training emergency medical service providers up to EMT-basic level.

2002-03 Results at a Glance

Goal 2: Effective Health Promotion and Disease Prevention

- Saskatchewan Health developed a strategy for the summer of 2003 to reduce the risk of West Nile Virus. Some key actions included;
  - $250,000 for enhanced surveillance efforts including the hiring of a West Nile Virus coordinator;
  - $1.2 million dollars was provided by the province in cost-shared funding to the municipalities for mosquito control; and
  - $40,000 for a public education campaign that emphasizes personal protection measures to reduce the risk.

- New Health Hazard Regulations came into effect as part of government's Long-term Safe Drinking Water Strategy, new Health Hazard Regulations came into effect. The regulations, which will be administered by the health regions, contain provisions for semi-public drinking water supplies such as those serving restaurants, recreational camps and public accommodations not connected to a municipal water system.

- To assist in developing a provincial population health promotion strategy, regional consultations were held focusing on the following theme areas:
  - healthy families;
  - healthy/safe communities; and
  - chronic disease prevention

Goal 3: Retain, Recruit and Train Health Providers

- More than 400 bursaries were awarded to students in the following programs: medicine, registered nursing, practical nursing, psychiatric nursing, primary care nurse practitioner, emergency medical technician, physical therapy, occupational therapy, speech and language pathology, audiology, clinical psychology, medical laboratory technology, medical radiation technology, MRI technology, nuclear medicine, and respiratory therapy.
- Bursaries were provided for the first time in 2002-03 in nine new health science programs including all four of the nursing programs. In nursing, 199 bursaries were awarded.

- A number of education and training seats were added in health disciplines such as:
  - 40 new nursing seats were added to a northern nursing program in Prince Albert;
  - Training has been arranged for 57 emergency medical responders;
  - Saskatchewan Health worked closely with the First Nations University of Canada, to obtain Public Health Inspector program certification in Environmental Health Science; and
  - A number of educational and training seats were also added in the areas of pharmacy technician, respiratory therapy, and MRI technology.

2002-03 Results at a Glance

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

- A new governance model was introduced to improve accountability and management of the health care system. Twelve new regional health authorities replaced the 32 health districts. New strategic planning bodies were created including Minister's Forum (Board Chairs and Minister) and the Leadership Council (CEOs and Deputy Minister). *The Regional Health Services Act* was proclaimed on August 1, 2002.
- The Health Quality Council was established to encourage excellence through evidence based decision making. The independent agency will recommend innovative ways to improve Saskatchewan's health system.
- Saskatchewan was part of the February 2003 First Ministers' Accord on Health Care Renewal. This Accord provides important new investments by the federal government, and also clearly sets out a process for governments to be more accountable and transparent to the public.

In 2002-03, the Department invested $2.34 billion. The variance between actual and budgeted expenditures was $419 thousand provided through Special Warrant. This variance is mainly the result of higher than anticipated Drug Plan expenditures offset by operating savings.

The following table provides a summary of actual expenditures.

Saskatchewan Health

	2002-03 Actuals $000s
Administration	3,299
Accommodation and Central Services	4,737
Regional Health Services	1,496,953
Provincial Health Services	133,086
Medical Services and Medical Education Programs	522,849
Drug Plan and Extended Benefits	177,831
Early Childhood Development	4,080
Total	**2,342,835**

2002-03 Performance Results

The following section provides more detailed information on the progress that we have made towards our longer-term objectives.

Goal 1: Improved Access to Quality Health Services

Objective 1: Responsive, coordinated primary health care

Primary health care services are generally the first point of contact for the public. This contact provides the basis to address the main health needs of individuals and communities. It is essential that these services be organized to ensure the most appropriate care by the most appropriate providers in the best settings. Objective One is to develop primary health care networks throughout the province providing a full range of everyday health services.

Significant progress was made in the area of primary health care in the province in 2002-03. Some of the activities include the release of *The Saskatchewan Action Plan for Primary Health* as well as Guidelines for the Development of a Regional Health Authority Plan. Draft model contracts were developed for family physicians and are currently under discussion.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Begin development of standards for primary health care networks in areas of access, clinical standards, service standards and program requirements

- Developing data to define primary health care access standards province-wide. A literature review of Access Standards that exists worldwide has been conducted.
- The RHA primary health care plans will identify potential teams. Discussions are ongoing with the Saskatchewan Medical Association regarding model contracts and a memorandum of understanding for non fee-for-service physicians.

Enhance department and regional health authority capacity to develop and support primary health teams

- The Saskatchewan Action Plan for Primary Health Care was released in June 2002. The document outlines how Saskatchewan residents will benefit from increased access to primary health care services.
- The Guidelines for the Development of a Regional Health Authority Plan were released in January 2003. They provided RHAs with direction to ensure a consistent approach across the province to enhancing the expansion of primary health care.
- The RHA plans will outline in detail the development and location of primary health care teams. This will serve as a blueprint for the provision of primary health care services and the development of the networks.

Define primary health care networks, including core services

- The Saskatchewan Action Plan for Primary Health Care provided Regional Health Authorities with definitions for Primary Health Care Networks.
- Access standards for primary health care and core services defined.
- The first step is the submission of primary health care plans in June 2003. This process will take up to four years and will vary from region to region.
- Secured Primary Health Care funding under the Primary Health Care (PHC) transition fund.
- Established the Estevan primary health care team in 2002/03 for a total of 22 teams.

Regional health authorities submit plans for primary health care networks in each region

- Regional Health Authorities are submitting plans for primary health care networks in each region by June 2003. The guidelines document was released in January 2003. Regular meetings with the Directors of Primary Health Care have occurred since March 2003.
- The plan will identify processes to obtain feedback from health professionals, the community and other key health partners regarding the best method for establishing teams and services within the RHA.

Develop model contracts for family physicians

- Saskatchewan Health and the Saskatchewan Medical Association started work on a Memorandum of Understanding (MOU) to

establish a bargaining framework. It is expected this MOU will be signed in 2003.
- Draft model contracts have been developed and are being discussed with the Saskatchewan Medical Association (SMA).
- There is general agreement on a position paper related to non fee-for-service physicians and representation by the SMA. The MOU will be derived from this paper.

Establish a 24-hour telephone advice line
- Saskatchewan Health has initiated project planning and implementation to introduce HealthLine by August 2003. Saskatchewan Health awarded the service contract to the Regina Qu'Appelle Health Authority to host the provincewide health advice line.
- Recruitment of registered nurses to staff the line was initiated.
- The HealthLine site has been selected and capital upgrades have been undertaken.
- A detailed public awareness strategy has been developed.

Development of a proposal to access funding under the Aboriginal envelope of the Federal Primary Health Care Transition Fund
- A submission was developed in collaboration with the northern health authorities and tribal councils to develop a northern health strategy.
- Health Canada accepted the submission and invited a full proposal to be developed for funding approval.

Establish performance indicators
- Performance indicators are currently under development. The department will review the data available for measurement. It is expected that indicators will be established in 2003.

Performance Measures – Results

Primary Health care networks established in each Regional Health Authority (short-term measure)

The progress on this measure is outlined in the above results.

Percentage of people with access to Primary Health Care networks (medium-term measure)

The Department will be unable to report progress on this measure until RHAs define primary health care networks.

Goal 1: Improved Access to Quality Health Services

Objective 2: Reduce waiting times for surgical procedures

Saskatchewan Health continues to place priority on promoting surgical access and improving the province's surgical system. Saskatchewan Health is leading several initiatives designed to improve the management of surgical access.

The launching of a surgical access Web site, establishment of surgical care coordinators in Regina and Saskatoon, and surgical contacts in the other regions are key examples of progress in this area. Work is continuing on developing the Surgical Patient Registry and a new process for assessing surgical patients' needs.

Key Actions - Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Create a province-wide surgical waitlist registry
- The Saskatchewan Surgical Care Network (SSCN), an advisory committee to Saskatchewan Health, was introduced in March 2002, dedicated to creating a better surgical care system.
- Saskatchewan Health and the SSCN conducted a pilot project in the Five Hills Health Region of the proposed surgical waitlist registry.
- Along with the registry the SSCN is developing new assessment tools to make sure surgical access is managed fairly across the province.
- Saskatchewan Health has developed the Surgical Patient Registry software. This software will help the regions record who needs surgery and when.

Establish bench-mark waiting times (targets) for the various urgency rankings so patients know the maximum time they should be waiting
- Common definitions for surgery priorities have been developed.
- Surgeries will be assigned numbered categories – one to six, based on priority.
- The SSCN has initiated work to develop target waiting times for each of the surgical specialties.

Designate surgical coordinators in Regina and Saskatoon

- Surgical Care Coordinators were hired in 2002 in both Regina Qu'Appelle and Saskatoon Health Regions. A 1-800 number was introduced in both Regions so that the public could call if they have questions about their surgery date or other issues.
- Coordinators are a key contact for communication between the patients, the regions and their referring physicians.
- All other health regions have designated regional surgical contacts and contact phone numbers.
- Each surgical care coordinator is receiving approximately 10 to 15 calls a day. They assist callers by checking on admission dates, providing information on booking procedures and estimated times for receiving surgery.

Launch a surgical access Web site, providing information to the public on how the surgical care system works

- The Saskatchewan Surgical Care Network Surgical Access Web site was designed and launched on January 14, 2003.
- The Web site – **www.sasksurgery.ca** - provides a range of information regarding surgeries, wait times, physician locations and specialties.
- The Web site describes how patients move through the system, how their needs are assessed, and is an information source for SSCN initiatives.
- Approximately 100 users visit the site each day.

Assess all patients requiring surgery using standard criteria endorsed by the Saskatchewan Surgical Care network

- The SSCN began working on the establishment of standard definitions of the surgery categories for 12 surgical specialties. This includes implementing clinical assessment tools so that surgeons across the province use consistent criteria. This will assist in prioritizing their patients for surgery resulting in access based on need. The assessment tools will be used when the registry is implemented in 2003.
- The SSCN consulted with key stakeholders including surgeons to develop and introduce clinical assessment tools to improve the coordination of surgical access.

Performance Measures – Results

Key activities for ensuring that patients who are waiting for surgery in Saskatchewan receive the care they need within clinically appropriate timeframes and in a fair and equitable manner. A separate set of measures look specifically at wait times for urgent cancer patients and cardiac surgery

Steps taken this year include:

- Surgical coordinators were designated in Regina Qu'appelle and Saskatoon Health Regions. All other regions have designated regional surgical contacts;
- Patient information web site was launched on January 14th, 2003;
- Piloting the province-wide surgical registry in one regional health authority;
- Continuing to evaluate wait times for urgent cancer patients and cardiac surgery. Wait times for urgent surgeries in Regina and Saskatoon are being reviewed.
- Beginning to work on establishment of benchmark access times;
- Developing patient assessment tools which were accepted by the Saskatchewan Surgical Care Network in March, 2003.

Wait times for urgent cancer patients and cardiac surgery

Current data available for wait times for urgent cancer and cardiac surgery was reviewed. Target timeframes for these surgical areas and others will be developed once the Surgical Patient Registry is implemented in 2003. This will allow for more accurate data.

Goal 1: Improved Access to Quality Health Services

Objective 3: Improve emergency medical care

Saskatchewan people depend on quality emergency medical services. Our geography and population patterns require innovative approaches to emergency care to ensure fair and equitable access to health services for all Saskatchewan residents. Significant progress was made in 2002-03 including additional training for EMS providers to

ensure patients are receiving the best care possible the minute help arrives, and improved dispatch of ambulance calls to ensure better coordination of services.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Begin training emergency medical services providers up to EMT-basic level; three-year target of 240.

- Training is being provided or arranged for 57 students.
  - There were 15 bursaries worth $2,500 each provided to individuals to attend full-time EMT (emergency medical technician) training programs at SIAST or Regional Colleges.
  - Arrangements were made for a further 42 students to attend courses on a part-time basis.

Coordinate all ambulance dispatch services through designated emergency medical services wide-area dispatch centres

- As of March 31, 2003 arrangements were being put in place for the remaining two ambulance services to be covered through one of the wide-area dispatch centres. Handling all calls through the wide area dispatch centers will improve coordination and ensure better use of ambulances to quickly respond to emergencies.

Examine options to regulate road ambulance fees to improve consistency across the province

- Saskatchewan Health began reviewing options to create greater consistency in road ambulance fees across the province. In the interim the Department continues to have guidelines in place for RHAs regarding ambulance fees.

Develop performance-based contracts between Regional Health Authorities and wide-area dispatch centres.

- As contracts come up for renewal, performance measures for dispatch quality and efficiency will be included.

Performance Measures – Results

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has an EMT-basic level training or higher.

	Number of Calls*	%*
2000-01	80,855	98.00
2001-02	81,142	98.15

*Data source Saskatchewan Health.

Goal 1: Improved Access to Quality Health Services

Objective 4: Improved hospital, specialized services and long-term care

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals for the future we have progressed in the development of program standards within each of facility category to promote optimal patient care across the hospital network. We have also provided more options for seniors and people with disabilities who want to remain independent within their community. Continued progress is being made in the availability of enhanced community supports.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Implement hospital classification systems including continued development of standards in priority areas (i.e. intensive care, pediatrics and obstetrics).

- In the area of obstetrics and intensive care, a first phase of research on standards of care used in other jurisdictions and preliminary discussions with providers have taken place.

Develop and implement individualized funding policy for seniors and people with disabilities.

- Individualized funding was implemented and is now available as an option within the home care program of all Regional Health Authorities.

Regions will continue to work with individuals who are considering the individualized funding option.

Enhance telehealth capacity in support of provincial networks and outreach programs

- As of March 31, 2003 the telehealth network has expanded to bring the total to 10 communities and 12 program sites from nine communities and nine sites. Telehealth allows physicians to provide medical and clinical services to remote residents and also provides a link to physicians for medical rounds and other educational purposes.

Introduce regulatory changes for the removal of 40-bed restriction in personal care homes to allow the development of more personal care homes.

- Consulted with key stakeholders to assist in bringing the regulations into operation. The proposed regulations were sent to more than 500 groups and individuals for feedback.
- *The Personal Care Homes Regulations* were amended on July 25, 2002 to ensure quality care for residents while eliminating the 40-bed limit on personal care homes.
- The department initiated amendments to *The Personal Care Homes Act.* These amendments ensure the safety and well being of residents in the event that a home suddenly ceases operations. This will be achieved through such measures as the collection of financial security for new large personal care home licensees, and the power to appoint a public administrator. The amendments will apply to all new large personal care home applicants.

Performance Measures – Results

Patient Satisfaction

One of the best ways to determine improvements in health services is to rate patient satisfaction. This baseline was established using data available from the Canadian Community Health Survey.

Expand Telehealth

As of March 31, 2003 the telehealth network was operating in 12 sites in 10 communities (six regions.)

In 2002-03:

- There were 265 education sessions hosted with a total attendance of 3976.
- There were 166 clinics with 237 patients seen.

Percentage of Adult Population Who Rate Themselves as Either Very Satisfied or Somewhat Satisfied with the Quality of Care*

	2000-01	2003-04
Overall Health Services	85.3%	-
Services Received in a Hospital	82.9%	-
Services Received from a Physician	92.6%	-
Community Health Services	90.3%	-

*Data source the Canadian Community Health Survey. Updated data will not be available until the summer of 2004.

Goal 2: Effective Health Promotion and Disease Prevention

Objective 1: Better promotion of health and disease prevention

The most important influences on the health of people are factors such as income, education, housing, diet and lifestyle and support from family and friends.

A number of our health promotion initiatives will improve the quality of life for Saskatchewan people and result in healthier communities – over the longer term. Progress has been made on an increased understanding of what influences health and recognition of the need to work intersectorally to address health issues. The development of a provincial population health promotion strategy will bring focus to population health promotion efforts at both the regional and provincial levels.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Work with regional health authorities, health partners, business and community groups, to develop a provincial population health promotion strategy

- A provincial reference group was established to provide advice to Saskatchewan Health in the development and implementation of the Provincial Population Health Promotion Strategy. The reference group is made up of representatives from Saskatchewan Health, Health Canada, Prairie Region Health Promotion Research Centre, Metis groups and Regional Health Authority staff.
- A consultation paper has been developed to guide discussions at the regional level.

Support regional health authorities in developing, implementing and evaluating their own action plans for health promotion based on provincial priorities and local needs.

- Consultations were held in three regions (Kelsey Trail, Regina Qu'Appelle and Sunrise) focusing on;
  - Healthy families
  - Healthy/safe communities
  - Chronic disease prevention
- Eight additional regional consultations were scheduled for April and May of 2003.

Begin targeted screening program to assess the diabetes status of undiagnosed persons living in high-risk communities.

- The northern community of La Loche was selected and a targeted screening is underway.

Improve measurement and reporting on provincial health status including reporting on the Population Health and Dynamics Survey

- In September 2002, Saskatchewan Health published a Comparable Health Indicators Report that contained 61 indicators comparing Saskatchewan to other Canadian jurisdictions in areas of health status, personal health practices, public health, select diseases and health services. The report is available on the Saskatchewan Health Web site at **www.health.gov.sk.ca**

Review regulations and related policies that support environmental health (i.e. water quality, food safety)

- Saskatchewan Health has participated in the government's long-term drinking water strategy. A 2002-03 annual report on the safe drinking water strategy will be published. More information on the strategy can be found on the Web site **www.se.gov.sk.ca/environment/protection/water/water.asp**
- New Health Hazard Regulations came into effect in 2003. These regulations contain provisions for semi-public drinking water supplies, such as restaurants, recreational camps and other public accommodations not connected to a municipal water system. The regulations will be administered by Regional Health Authorities.
- The Environmental Sciences section of the Provincial laboratory applied for membership from the Canadian Association of Environmental Analytical Laboratories (CAEAL), and started participation in the Proficiency Test (PT) Program. Full accreditation is expected by March 31st, 2004.
- In December 2002, the lab submitted an application for accreditation. On-site assessment occurred in March 2003. Actions have now been taken to address areas

identified for improvement. This includes upgrading lab facilities, completing documentation and collaborating with stakeholders on sample submissions to meet the deadlines for various water quality testing.

- The Provincial Laboratory continued collaboration with the University of Regina to test for a variety of elements including pesticides, trace metals and pathogenic bacteria.
- Work continued on proposed Disease Control Regulations which are expected to replace the Communicable Disease Control Regulations. They should come into force in 2003 – 04. The new provisions will require the reporting of additional communicable diseases, such as West Nile virus and SARS, and strengthen requirements related to outbreak investigations.

Support intersectoral policy initiatives including the Child Action Plan, Early Childhood Development Plan, Youth Services Model, and the Role of the School to address the needs of children and youth, as well as the Metis and Off-Reserve Strategy.

- Saskatchewan Health continued to be a partner in *KidsFirst*, an interdepartmental early childhood development strategy to give the province's children a better start in life. The department provided $4.1 million in 2002-03 to support *KidsFirst* programs and services. The annual report for *KidsFirst* is available on the Web site **www.sasked.gov.sk.ca/echild/eod_annual_report_2002-03.pdf**
- Completed development of the Intensive Rehabilitation Custody Supervision (IRCS) service delivery model under *The Youth Criminal Justice Act.*
- Saskatchewan Health participated on the Role of School Interdepartmental Working Group. The mandate of this committee is to support Government's implementation of the School^{PLUS} model. Three strategies have been established to achieve the School^{PLUS} vision: the Community Engagement and Action Planning Strategy; the Enhancing Integrated School Linked Services Strategy; and the Strengthening Educational Capacity Strategy.
- Consultations have begun on a draft service delivery model for integrated school linked services that support children, youth and their families. Implementation is targeted for 2003-04.

Performance Measures – Results

The following measures demontrate progress on effective health promotion and disease prevention.

Our progress on the provincial diabetes strategy

- Saskatchewan Institute of Applied Science and Technology (SIAST) was awarded a $90,000 (one-time) contract by Saskatchewan Health to develop two diabetes education programs. The first course, which started in March 2003, is a basic diabetes education program for health care providers – targeted to home care and special care aids, community workers and paramedics. An advanced diabetes education for health care providers started in May 2003. It is designed for health providers with a certificate, diploma or degree (ie, LPN, RN or RPN).
- Regional Health Authorities began setting up interdisciplinary teams and developing a plan for the effective management of diabetes.
- Guidelines were developed through consultations with physicians and other care providers. The diabetes plan will become part of the overall RHA primary health care plan. It will include guidelines for a standard strategy of evaluating wounds, effective treatment and an implementation of a diabetic foot program.
- A northern community was selected for targeted screening to assess the diabetes status of undiagnosed persons living in high-risk communities.
- The diabetes Monitoring and Recall System database was reviewed and determined that the software would not be suitable for use with client files.

Saskatchewan diabetes prevalence rate (type 1 & 2) expressed as a number per 1,000 individuals

Saskatchewan Diabetes Prevalence Rate (Type 1 & 2)*

	1999-2000	2003-04
Diabetes prevalence rate as per 1000 population	38.5 cases	-

*Data source: National Diabetes Surveillance System (NDSS).

The percentage of daily smokers between the ages of 12-19 years in Saskatchewan

Saskatchewan Smoking Rate, 12-19 Years of Age*	2000-01	2003-04*
Percentage of daily smokers between the ages of 12-19 years.	20.5%	-

*Data source the Canadian Community Health Survey. Updated data will not be available until the summer of 2004.

Goal 2: Effective Health Promotion and Disease Prevention

Objective 2: Improve the health of northern and aboriginal communities

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have unique perspective on how to bring better health care to their people. Significant progress has been made through the year in working towards creative solutions to achieving improved health for northern and Aboriginal communities.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Work with partners to complete a Memorandum of Understanding towards the development of a Northern Health Strategy. The Strategy works towards improved health for northern and Aboriginal peoples by placing a focus on determinants of health, collaboration with all levels of government, and recognizing the unique characteristics of these communities.

- Worked with northern health stakeholders and Health Canada in developing a Memorandum of Understanding between the Province and Health Canada.
- A coordinator has been hired for the Northern Health Strategy. A workplan was also developed.

Participate in the Government of Saskatchewan Metis and Off-Reserve First Nations People strategy, to ensure improved health status and representation in the workforce.

- Saskatchewan Health continues to be represented at the Interdepartmental meetings and activities related to the Metis and Off-Reserve First Nations People strategy.

Support northern hospitals, including the completion of a new Athabasca Health Facility in Stony Rapids and the planning of a new hospital in Ile a la Crosse.

- There was substantial completion of the Athabasca Health Facility by March 2003. The facility was opened in phases beginning April 2003. The capital expenditure for this facility in 2002-03 was approximately $8 million.
- Planning for a health facility at Ile a la Crosse is ongoing – the functional program is to be finalized by mid 2003.

Start construction of Fort Qu'Appelle Indian Hospital

- Tenders were finalized and the contract awarded in March 2003. Construction began shortly afterward. The hospital will have space for First Nations health services including a spiritual healing centre, a shared vision centre and a winter healing lodge.

Performance Measures – Results

Potential Years of Life Lost (PYLL) per 100,000 population for Saskatchewan Registered Indian people (long-term measure)

Through the development of culturally sensitive services as identified in the key actions above, it is anticipated that Aboriginal peoples will play a more meaningful role in program development and respond to programs focused on prevention. We should see a decrease in the measure of years of life "lost" when a person dies prematurely.

The measure we chose to report on relates to the PYLL per 100,000 population for Saskatchewan Registered Indian peoples. The data source for PYLL is Saskatchewan Health. Registered Indian status was assigned using the Saskatchewan Person Registry System where "Registered Indian" was a person who was registered under section 6 of the federal *Indian Act*, and who has been assigned a number in the Indian registry.

2002-03 Performance Results

Using 1998 data, Saskatchewan Health in its 2002-03 Performance Plan calculated the PYLL for registered Indian peoples as being 8,572.6 years. However, since then the department has improved its methodology in calculating the PYLL, and now has more accurate figures. We have also calculated figures for 2001. The PYLL for 1998 and 2001 are as follows:

	Saskatchewan Registered Indian Peoples	Remainder of the Saskatchewan Population
1998	11,276.1 (per 100,000 population)	5,770.2 (per 100,000 population)
2001	11,998.0 (per 100,000 population)	5,040.0 (per 100,000 population)

Goal 3: Retain, Recruit, and Train Health Providers

Objective 1: Improve utilization and availability of health human resources

Saskatchewan Health recognizes our health professionals are the foundation of our health care system. Skilled, high quality health professionals are in great demand across our country and around the world. Through our health human resources strategy we continue to address the challenges of attracting and keeping skilled health providers. Other provinces and countries face similar challenges. Initiatives undertaken this year have moved Saskatchewan Health forward in addressing many of those challenges.

The human resource challenges for the health system call for a variety of approaches.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Implement province-wide health human resource planning to allow better utilization, retention, recruitment and training strategies.

- The first steps in developing a comprehensive health human resource plan for the province were completed. These included:
  - developing RHA guidelines for health human resource planning;
  - developing cross-cutting human resource expectations and indicators for the RHAs;
  - participating in the Western Health Human Resource forum, a collaboration among western provincial and territorial ministries of health and advanced education. The forum explores opportunities for coordinated planning and joint initiatives in areas of health human resource planning; and
  - templates were developed for regional health authorities reporting local human resource initiatives.
- Began work on human resource planning indicators in the areas of absenteeism, workforce turnover, and representative workforces. These indicators will assist health human resource planning at the regional and provincial level.
- Invested $1.25 million for continuing education and development including:
  - $500,000 for clinical education;
  - $500,000 to assist health providers in receiving specialized education; and
  - $250,000 to coordinate a leadership development program.

Support increased collaboration between provincial training institutions and regional health authorities (ie. Saskatchewan Academic Health Sciences Network - SAHSN)

- Saskatchewan Health participated as a member of the SAHSN along with representatives from Regina and Saskatoon RHAs, the University of Saskatchewan and the Department of Learning. The mandate of the SAHSN is to promote and advocate excellence in clinical services, health research and education of health professionals.
- The SAHSN supported a variety of activities including:
  - launched the Physician Resource Planning Process for the Saskatoon Health Region and the College of Medicine;
  - established a Residency Task Group to deal with residency training; and
  - SAHSN is consulting with 20 physician groups to explore how clinical service, education and research could be better integrated.

Increase the number of training seats for select professions

- The new 40-seat nursing program for Northern and Aboriginal students began this year in Prince Albert. The first students from this program will graduate in 2006. This will assist in meeting the needs of the province for registered nurses, and brings the total number of registered nursing seats in the province to 300.
- Directed $400,000 to purchase new training seats and expand opportunities in MRI technology, sonography, orthotics and prosthetics technology and cytology.
- Arrangements have been made for the training of 57 emergency medical responders to upgrade to emergency medical technician. This is the first year of a three-year initiative, with a target of 240 newly trained emergency medical technicians.
- Saskatchewan Health worked closely with the

First Nations University of Canada to obtain Public Health Inspector program certification for the program in Environmental Health Sciences.

Expand and enhance bursary programs for hard-to-fill medical professions

- More than 400 bursaries were awarded to students in the following programs: medicine, registered nursing, practical nursing, psychiatric nursing, primary care nurse practitioner, emergency medical technician, physical therapy, occupational therapy, speech and language pathology, audiology, clinical psychology, medical laboratory technology, medical radiation technology, MRI technology, nuclear medicine and respiratory therapy.
- Introduced bursaries for pharmacy and psychology interns.

Saskatchewan Health
2002-2003 Bursary Programs

Discipline	Number
New Bursaries	
Allied Health Disciplines	62
Nursing	156
Nursing Re-Entry	34
Internship	5
Physicians	47
Emergency Medical Technician	33
Primary Care Nurse Practitioner	9
Total New Bursaries	**345**
Continuing Bursaries	
Allied Health Disciplines	22
Physicians	41
Total 2002-2003 Bursaries	**408**

Performance Measures – Results

Number of additional training seats created and type of discipline.

- See details under key activities above – Increase the number of training seats for select professions.

Goal 3: Retain, Recruit, and Train Health Providers

Objective 2: Develop representative work places

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. Initiatives undertaken this year furthered our efforts to encourage a health workforce that is representative of the people its serves.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Build opportunities for full participation by Aboriginal peoples through awareness training in the workplace.

- Developed an Aboriginal Awareness Training program in partnership with Saskatchewan Association of Health Organization (SAHO) and Canadian Union of Public Employees (CUPE).
- Saskatchewan Health is exploring options for providing ongoing Aboriginal awareness through training and educational material.
- To build the foundation for a workplace that supports full participation of Aboriginal people, more than 95% of Department of Health employees took part in Aboriginal awareness training in 2002.

Increase Aboriginal participation in the health workforce by implementing recruitment initiatives (ie Representative Workforce Agreements)

- The need for continued Representative Workforce Agreements and initiatives was endorsed by Leadership Council in September 2002.
- According to the Aboriginal Employment Development Program, as of January 2002 there were 22 of 32 Representative Workforce Agreements signed with health districts. This baseline was amended in 2002-03 with the transition from 32 health districts to 12 regional health authorities.
- Saskatchewan Health has a partnership agreement with the department of Government Relations and Aboriginal Affairs to increase Aboriginal hiring throughout government.

Performance Measures – Results

Proportion of representative work force agreements signed with health districts/regional health authorities (Medium-term measure)

- Regional Health Authority draft Representative Workforce Agreements have been developed for all 12 RHAs and they are all expected to be signed by September 2003.

Goal 3: Retain, Recruit, and Train Health Providers

Objective 3: Create healthier, more effective work places

Creating more satisfying work environments for Saskatchewan's health care professionals will enhance productivity and assist in retaining a dynamic health sector workforce in Saskatchewan. During this fiscal year a number of initiatives furthered our efforts to create healthier work places.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Evaluate existing quality workplace initiatives

- Saskatchewan Health created the *Magnet Environment Working Group* as a subcommittee of the Provincial Nursing Council. The working group has evaluated a pilot project of a quality workplace. Recommendations coming out of that evaluation will be presented to the Nursing Council in June 2003.
- The working group did preliminary work in preparation for evaluation of the next two project sites in Swift Current and Prince Albert.

Expand quality work place initiatives to include additional sites and professions.

- Invested $160,000 in the Saskatchewan Registered Nurses Association to continue implementation of their quality workplace pilot sites.
- Planned and coordinated a province-wide satellite conference that attracted more than 600 managers, policy makers and front-line workers. The focus of the conference was best practices and evaluation of high quality health workplaces. Videotapes of the conference and tools to assess the quality of their own health workplaces will be distributed to all RHA's.

Performance Measures – Results

The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence, within a given period of time.

Saskatchewan Health has worked with SAHO to develop appropriate measures for the Saskatchewan Health sector. It is expected that data will be available in 2003.

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

Objective 1: Ensure quality, effective health care

Saskatchewan Health is continuing in its leadership role promoting quality and innovation in the provision of health care. We are introducing a range of initiatives to ensure evidence-based decisions lead to continuous improvement in the delivery of quality health services.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Establish a Quality Council to encourage excellence throughout the health care system

- The *Health Quality Council Act* was proclaimed on November 22, 2002. On November 27, 2002 the Council's first Board was appointed.
- The Council is made up of a panel of provincial, national and international health leaders, who will be recommending innovative ways to improve the quality of health care for Saskatchewan residents.
- A discussion paper "Room for Improvement" was released in March 2003. The paper invites input from patients, providers and health system managers to improve the quality of health care in Saskatchewan.
- The Quality Council also released "A Picture of Health" which provides a snapshot of health and health care in Saskatchewan. The report will assist in identifying priorities and projects that will be most relevant to improving the health system and health outcomes.

Progress on specific initiatives to improve health information systems to give health care providers and administrators the information they need to better coordinate and improve patient care.

- Saskatchewan Health Information Network (SHIN) assisted the Saskatoon Health Region with an electronic Health Record Pilot Project operating in the Emergency Ward at St. Paul's hospital in Saskatoon. This system allows authorized physicians to access information about past admissions, lab tests and transcribed reports at the three Saskatoon hospitals. It enables emergency room physicians to quickly access pieces of information critical in treating their patients. It has received favourable evaluation from the physicians involved.
- SHIN and the five mid-sized health regions (Cypress, Prairie North, Sunrise, Prince Albert Parkland and Five Hills) have started to implement an electronic system that will enable authorized health providers to quickly access a range of information on their patients and result in enhanced patient care.
- Legislation was passed to enable more complete collection of prescription information. This will enable the department to have a record of all prescriptions filled within the province. This will eventually allow pharmacists a more complete picture of their clients' prescription drug record and potentially prevent any harmful interactions or overdoses.

Continue effective and efficient administration and provision of provincially delivered health benefits and services (ie. Drug Plan, Provincial Laboratory)

- The department began work on streamlining the income tested application process for the provincial drug plan.
- In collaboration with other jurisdictions, initial planning began on the National Prescription Drug Utilization and Information System. Saskatchewan Health is participating on a steering committee for that planning process. This is part of the national drug review process.
- Saskatchewan Health is developing a computerized water quality information system. It will allow analysis of trends and development of guidelines for both public and private water supplies.
- The Provincial Laboratory in Regina can now test for the West Nile Virus in blood samples. In previous years all testing had to be done out of the Canadian Laboratory in Winnipeg. The ability to test locally will mean a much shorter wait for results.

Participate with provincial and territorial partners towards the development of a common drug review process

- The department has participated in the development of the permanent Common Drug Review secretariat and Canadian Expert Drug Advisory Committee. Federal/provincial/

territorial work continues in this area.
- The objectives of the review are to:
  - provide a consistent and rigorous approach to drug reviews and an evidence-based listing recommendation;
  - reduce the duplication of effort by the participating drug plans; and
  - provide equal access to the same high level of evidence and expert advice by the participating drug plans.

Support the College of Medicine as a key resource in the delivery of health services, in meeting provincial training needs and in conducting research
- Saskatchewan Health provided funding to support the work of *The Saskatchewan Academic Health Sciences Network*. This network includes representatives from Regina Qu'Appelle and Saskatoon RHAs, the University of Saskatchewan, the College of Medicine and the Departments of Learning and Health. This network brings together all the key players and decision makers and has resulted in a higher degree of collaboration and cooperation.
- To see a list of key network activities in 2002 – 03 see objective: *Improve utilization and availability of health human resources.*
- Provided an overall funding increase of 6.78 per cent to medical education.

Increase health research funding by 40% in 2002-03
- The research funding objective was met. A total of $5.9 million was allocated to support health research in Saskatchewan. This included:
  - $1.3 million to the Neuropsychiatric Research Unit at the College of Medicine;
  - $563,000 to the Saskatchewan Cancer Agency;
  - $250,000 to the Institute for Agriculture, Rural and Environmental Health;
  - $225,000 to the Indigenous Peoples Research Centre;
  - $200,000 to the Steering Committee on Cancer Control Research;
  - $100,000 to the Canadian Centre for analysis of Regionalization and Health.
- The remaining research funding was directed to the Health Services Utilization and Research Commission (HSURC), which in turn allocated a number of health research grants.
- The Saskatchewan Health Research Foundation (SHRF) held its inaugural board meeting in February 2003. The SHRF board is responsible for allocating most of the province's health research funding and providing advice and assistance toward the development of a provincial health research strategy. The board includes representatives from the two universities, regional health authorities and government.

Performance Measures – Results

Quality Health Council established.
- The *Health Quality Council Act* was proclaimed on November 22, 2002. On November 27, 2002 the Council's first Board was appointed. The Council's first year priorities were concluded as planned by March 31st, 2003. The Council continues to engage in consultations with the public and a wide range of stakeholders to develop future priorities.

Number of competitive research grants awarded by Canadian Institutes of Health Research (CIHR) to faculty at the University of Saskatchewan based on the number of applications –

The data source used to collect CIHR Operating Grant success rates has been refined. Information is collected by the University of Saskatchewan – Office of Research Coordination.

The following number of CIHR operating grants (includes the March & September CIHR award granting period in each year) were awarded to U of S based researchers:

Year	Number Submitted	Number Successful
2000	49	7 (14%)
2001	70	13 (19%)
2002	66	13 (20%)

As data becomes available, we will expand this measure to include the University of Regina.

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

Objective 2: Appropriate governance, accountability and management for the health sector

Strong leadership and effective planning remain key features of a continually improving process for planning health care delivery. The reoganization of health governance by moving from 32 health districts to 12 Regional Health Authorities was a key accomplishment in the move toward improved efficiency and accountability, and one of Saskatchewan Health's most significant achievements of 2002-03.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our action progress towards the key action.

Implement legislation for creation of regional health authorities

- Completed. The Regional Health Services Act was proclaimed effective August 1, 2002. Work continues on development of accompanying regulations. This legislation provided the framework for the accountability relationship between the RHAs and the province.

Implement an accountability framework for regional health authorities

- *The Regional Health Services Act* set out the key components including a definition of roles and responsibilities.
- A document called Roles and Expectations was completed in January 2003. It outlines the main role and responsibilities of the RHAs and the Minister of Health.
- RHAs were provided with multi-year planning targets and a common set of guidelines for the development of operational plans for 2003-04.
- A standard set of Organizational Effectiveness and Program expectations and common indicators were developed to guide RHA planning and aid in performance measurement for 2003-04.
- RHA funding was revised based on the implementation of funding pools linked to performance expectations and indicators.
- Minister's Forum and The Leadership Council were established. These joint committees are made up of representatives of the Regional Health Authorities (RHAs) and Saskatchewan Health. The Leadership Council is comprised of all RHA CEOs, as well as the CEO of the Saskatchewan Cancer Agency. The Leadership Council is chaired by the Deputy Minister of Health. The Minister's Forum is made up of the RHA and Saskatchewan Cancer Agency board chairs. The Minister's Forum is chaired by the Minister of Health.

Appoint new regional health authority boards and conduct board orientation

- Boards were appointed effective August 1, 2002. Saskatchewan Health hosted regional health authority education sessions over six days, during this reporting period.

Develop strategy for creation of Community Advisory Networks

- Discussions were held with RHAs regarding an action plan for the creation of community advisory networks.
- All RHAs continue to coordinate with key regional stakeholders in regards to planning. Work has begun on formal plans for community advisory networks.

Performance Measures – Results

Accountability framework developed and implemented (short-term measure)

The government and health districts had an existing accountability relationship that needed to be updated and improved with the move towards regional health authorities.

- Accountability framework developed and implemented.
  - Region specific accountability documents outlining performance expectations have been established. Province-wide planning with the RHAs was done through the Leadership Council and Minister's Forum and through the establishment of other joint planning committees. Initial health plans were developed in October 2002 and reviewed by government and were released to RHAs as part of their accountability documents on March 28, 2003.
  - An initial set of performance indicators and

and the Saskatchewan Cancer Agency and linked to a revised set of funding pools.
- Guidelines for the establishment of Community Advisory Networks were provided to the RHAs. Full implementation should be complete by May 2003.

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

Objective 3: Sustain publicly funded and publicly administered Medicare

Technological advances and new medications allow people to live longer and healthier lives, but these new advances put enormous pressures on health spending. Keeping and attracting skilled health professionals is also increasingly more costly.

Saskatchewan Health is committed to strengthening and renewing Canada's publicly funded health care services through collaboration and consultation with its partners in the health system. The department continues to strive to make the best use of our health resources through prudent management and innovative delivery.

Key Actions – Results

The key actions originally presented in our 2002-03 plan are shown below, followed by our actual progress towards the key action.

Support publicly funded, publicly administered Medicare as the fairest most cost-effective way of delivering health care
- The Government of Saskatchewan invested $2.34 billion dollars in a publicly funded, publicly managed health care system providing tangible support for a strong, national health care system based on the principles enshrined in the *Canada Health Act*.

Continue to work with partners to implement cost-effective approaches to health care
- At the First Ministers' meeting in February 2003, Saskatchewan supported the vision of a publicly funded health service that provides quality health care and that promotes the health and well-being of Canadians in a cost-effective and fair manner.
- The Department continues to work with all partners to ensure that the most cost-effective approaches to health care are implemented.

Work with the federal government to ensure adequate funding of Medicare
- The February 2003 *First Ministers' Accord* on Health Care Renewal provides important new investments by the federal government. The Accord also clearly sets out a process for governments to be more accountable and transparent to the public.
- The Accord adopts some of the most important directions signaled by the Royal Commission on the Future of Health Care in Canada. The strategic investments set out in the First Ministers' Accord are also consistent with the direction of our *Action Plan for Saskatchewan Health Care*.
- The Accord will allow Saskatchewan Health to continue with the development of primary health care, address issues around diagnostic equipment, help people with catastrophic drug costs, address the challenges of surgical access and explore innovative ways to deliver home care. Saskatchewan will continue to work with other jurisdictions in implementing the Accord.

Work with regional health authorities to eliminate deficits
- For 2002-03 it is expected that on a consolidated basis RHAs will be in a surplus position.
- Four RHAs will be in a deficit position in fiscal year 02-03. On an ongoing basis, 03-04 and beyond, it is expected that all RHAs will be in a balanced or net surplus position.

Performance Measures – Results

Public sector health expenditure as a proportion of total health expenditure (long-term measure).

Year	Saskatchewan*	National Average*
1999	76.7%	70.8%
2002	76.6%	70.7%

*Data source, Canadian Institute for Health Information.

Health Spending in Saskatchewan

This annual report presents the financial results of Saskatchewan Health for the 12 months ending March 31, 2003. The financial statements report on the funding provided to the department through the government's General Revenue Fund.

This report also contains a summary of the Financial Statements of the province's 12 health regions. The Financial Statements of these health regions are consolidated into the Summary Financial Statements of government. Each health region is responsible for providing its own annual report that documents how it used the funding received.

Saskatchewan Health is also legislatively responsible for the following agencies:

- Uranium City Hospital;
- Health Quality Council;
- Saskatchewan Health Research Foundation;
- Saskatchewan Cancer Foundation;
- St. Louis Alcoholism Rehabilitation Centre; and
- The Saskatchewan Health Information Network (SHIN).

Each of these agencies provides annual reports that are directly available to the public. Since regional health authorities and agencies provide separate public reporting, Saskatchewan Health does not consolidate the results of these separate legal entities with the department's financial reporting.

Provincially funded health spending totaled $2.34 billion in 2002-03. This is forecast as $2,330 per capita and is slightly above the national average. In 2002/03 investments in health care equated to 37 per cent of the total provincial budget. Over the last five years we have significantly increased funding. Much of the increased funding was directed to acute care, rehabilitation and emergency response (46%), provincial health services such as the Provincial Laboratory, health research, Cancer Agency, SHIN, immunization and Canadian Blood Services (72%) and the prescription drug plan (78%).

Hospital services continue to be the most costly part of the health system. The clear classification of hospitals and the development of hospital networks as outlined in the province's health plan will mean more efficient delivery of hospital services. All hospitals will have defined levels of service, allowing each to concentrate on what it does best. Duplication of services will be reduced, as hospitals share resources and work together to provide services. Saskatchewan Health has recently implemented a hospital network plan that will allow greater coordination of patient care between facilities and will maximize care for the dollars expended.

Financial Accountability Statement

From a fiscal accountability perspective, the most significant risks and challenges to be managed by Saskatchewan Health include ensuring:

- available funding goes to the highest priority health needs;
- value is obtained for funding provided;
- compliance with existing legislation and regulations;
- proper controls are in place to safeguard the assets of the department; and
- appropriate results are reported to the public, the Legislature and our partners in the health system.

There are a number of complementary processes in place to ensure that these responsibilities are properly discharged. These include:

- *Audited results* - The Provincial Auditor's Office has legislative responsibility to audit Saskatchewan Health and to publish the results.
- *Accountable to Legislature* - Saskatchewan Health, like all government departments, is required to appear before the Public Accounts Committee of the Legislature. In addition, the annual health budget is published in the Budget Estimates, spending is detailed in the Public Accounts, and the Minister of Health appears before the Legislature's Committee of Finance.
- *Public reporting* - This Annual Report is one of many reports published annually by the department, providing an important link in the provincial accountability framework.
- *Comparative reporting* – All provinces made a commitment in September 2000 to prepare public reports on the performance of their health systems.
- *Third-party agencies accountable* – The vast majority of health services that Saskatchewan

people depend on are delivered through third parties (eg. Regional Health Authorities). As such, appropriate controls must be in place to ensure accountability for government funding directed to these agencies. Saskatchewan Health uses service agreements, audited financial statements and required reporting of results from these agencies to meet this goal.

Saskatchewan Health believes that these measures adequately ensure the appropriate and effective use of health dollars and provide accountability to the people of Saskatchewan.

Saskatchewan Health Comparison of Actual Revenue and Expenditure to Estimates

	2002-03 Estimates $000s *	2002-03 Actuals $000s	Variance $000s **	
Revenue	13,558	16,087	2,529	(1)
Operating Expenditures:				
Administration	3,400	3,299	(101)	
Accommodation & Central Services	4,702	4,737	35	
Regional Health Services & Support				
Acute & Rehabilitation Services	843,322	843,365	43	
Long Term Care Services	344,501	343,074	(1,427)	
Home-Based Services	92,621	96,539	3,918	(2)
Community Services	139,765	135,909	(3,856)	(3)
Emergency Response Services	32,221	31,383	(838)	
Health Facilities - Capital	24,085	21,676	(2,409)	(4)
Medical Equipment	10,000	10,000	-	
Regional Programs Support	14,699	15,007	308	
SUBTOTAL	**1,501,214**	**1,496,953**	**(4,261)**	
Provincial Health Services & Support				
Saskatchewan Cancer Agency	38,007	38,127	120	
Canadian Blood Services	32,266	30,309	(1,957)	(5)
Health Organizations and Services	13,277	13,867	590	
Provincial Laboratory	10,322	10,893	571	(6)
Health Research	8,933	8,433	(500)	(7)
Immunizations	5,194	4,823	(371)	(8)
Saskatchewan Health Information Network	11,100	11,100	-	
Provincial Programs Support	15,060	15,534	474	
SUBTOTAL	**134,159**	**133,086**	**(1,073)**	
Medical Services & Medical Education Programs				
Medical Services - Fee-for-Service	318,681	292,671	(26,010)	(9)
Medical Services - Non-Fee-for-Service	116,845	133,580	16,735	(9)
Medical Education System	21,947	21,947	-	
Chiropractic Services	7,949	7,513	(436)	
Optometric Services	3,410	3,480	70	
Dental Services	1,386	1,320	(66)	
Out-of-Province	53,570	58,670	5,100	(10)
Program Support	3,766	3,668	(98)	
SUBTOTAL	**527,554**	**522,849**	**(4,705)**	
Drug Plan & Extended Benefits				
Saskatchewan Prescription Drug Plan	120,701	134,051	13,350	(11)
Saskatchewan Aids to Independent Living	24,441	23,579	(862)	
Supplementary Health Program	14,318	13,361	(957)	(12)
Family Health Benefits	4,921	4,192	(729)	(12)
Multi-Provincial Human Immunodeficiency Virus Assistance	334	177	(157)	
Program Support	2,564	2,471	(93)	
SUBTOTAL	**167,279**	**177,831**	**10,552**	
Early Childhood Development	4,108	4,080	(28)	
TOTAL OPERATING EXPENDITURES	**2,342,416**	**2,342,835**	**419**	
FTE STAFF COMPLEMENT	**563.5**	**606.0**	**42.5**	

* 2002-03 Estimates has been adjusted to reflect a $7.4M addition to Health as reflected in The Main Appropriation Act, 2002.

** See below for explanations of significant variances between 2002-03 estimates and 2002-03 actuals that are greater than 5% and greater than $500,000, and/or greater than $2,300,000 (0.1% of total department expenditure).

Explanations for significant variances are primarily the result of:

(1) Increased revenue for a capital cost share project.
(2) Increased program spending.
(3) Slower than anticipated implementation of primary health services programs.
(4) Progress of some construction projects did not reach stage of completion required to fully expend the capital budget.
(5) Decreased contribution required for operation of national blood agency.
(6) Increased utilization and laboratory supply costs.
(7) Delayed start-up of the Health Quality Council.
(8) One-time savings in vaccine purchases.
(9) General physician program funding transferring from Fee-For-Service to Non-Fee-For-Service as well as utilization and program savings.
(10) Increased rates and utilization for out-of-province services including costs associated with the Health Sciences strike of $1.5M.
(11) Increased costs and usage of drug plan services.
(12) Decreased usage of extended benefit services.

Approximately 90% of total expenditures were provided to third parties (e.g. Regional Health Authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining expenditures were transfers for drug plan and extended benefit program coverage.

2002-03 Regional Health Authority
Audited Operating Fund Financial Statements

STATEMENT OF OPERATIONS	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland
Operating Revenues:							
Saskatchewan Health - General Revenue Fund	72,154,649	71,817,073	57,849,950	428,547,433	99,865,889	469,509,000	48,365,222
Long-term Resident and Respite Income	7,021,172	2,635,889	5,133,753	7,414,163	9,834,138	4,916,000	6,061,181
Home Based Services - Client Fees	497,258	397,778	405,991	951,843	512,122	1,423,000	545,364
Emergency Response Service Fees	1,265,090	87,315	335,229	3,372,680	271,355	143,000	980,231
CMHC Mortgage Subsidies	-	-	-	-	-	-	-
Out-of-Province/Third Party Reimbursements	634,715	665,739	543,173	15,534,597	2,421,287	15,172,000	325,649
Donations	216,592	51,322	59,722	638,680	-	-	1,742
Investment Income	201,957	211,691	152,534	262,182	33,958	-	174,802
Ancillary Operations	-	140,005	154,403	3,440,712	324,539	-	97,370
Other	2,019,188	2,067,561	3,311,126	13,139,316	3,201,654	12,619,000	1,299,159
Total Operating Revenue	**84,010,621**	**78,074,373**	**67,945,881**	**473,301,606**	**116,464,942**	**503,782,000**	**57,850,720**
Operating Expenses:							
Acute Services	13,048,839	30,762,508	26,198,309	256,982,623	45,039,052	304,944,000	14,569,312
Specialized Hospital Programs	-	344,315	504,447	24,739,663	959,568	23,741,000	-
Supportive Care Services	35,785,536	12,716,221	23,049,404	49,590,237	46,229,948	25,681,000	26,788,874
Grants to Affiliates:							
Acute Services	7,378,559	1,351,511	-	1,775,472	-	6,800,000	-
Supportive Care Services	4,487,299	12,797,452	2,328,526	42,000,971	-	46,969,000	1,147,253
Other	391,603	-	-	-	-	-	-
Home Based Services	6,254,396	5,924,726	5,051,192	19,174,085	8,484,218	21,531,000	5,594,124
Health Improvement Initiatives:							
Health, Wellness and Social Centres	3,565,084	378,595	1,472,402	2,200,660	-	2,092,000	3,204,189
Rural Health Initiatives	1,311,124	1,661,000	723,487	2,768,433	1,095,998	16,095,000	989,378
Community Care Initiatives	204,619	341,987	138,387	595,081	135,489	-	247,924
Emergency Response Services	2,637,106	1,638,970	1,795,366	6,916,632	2,758,814	4,417,000	2,596,673
Alcohol and Drug Services	259,992	948,625	326,520	3,207,921	177,112	4,464,000	277,448
Community Health Services	2,765,566	2,951,385	2,426,387	15,640,125	3,689,014	27,398,000	967,043
Mental Health Services	4,628,437	4,971,081	3,023,117	16,920,269	6,279,661	15,054,000	1,007,721
Rehabilitation Services	1,039,978	1,107,109	324,428	27,526,542	368,197	2,735,000	292,228
Ancillary Operations	-	107,362	406,428	1,150,458	-	1,092,000	19,896
Other	-	-	-	-	203,658	-	-
Total Operating Expenses	**83,758,138**	**78,002,857**	**67,768,400**	**471,189,172**	**115,420,729**	**503,013,000**	**57,702,063**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**252,483**	**71,516**	**177,481**	**2,112,434**	**1,044,213**	**769,000**	**148,657**
Operating Fund Balance - Beginning of the year	1,876,737	1,607,320	32,602	(49,275,961)	(21,351,876)	(21,001,000)	372,499
Interfund Transfers	(1,286,759)	(451,191)	(130,453)	(6,322,316)	(1,965,106)	(2,196,000)	(521,156)
Equity Adjustments	-	-	-	-	-	-	-
Total Adjustments to Equity	(1,286,759)	(451,191)	(130,453)	(6,322,316)	(1,965,106)	(2,196,000)	(521,156)
Operating Fund Balance - End of Year	842,461	1,227,645	79,630	(53,485,843)	(22,272,769)	(22,428,000)	-
STATEMENT OF FINANCIAL POSITION							
Operating Assets:							
Cash and Short-term Investments	6,503,106	8,135,268	5,460,197	3,226,577	83,236	17,462,000	3,819,326
Accounts Receivable:							
Saskatchewan Health	1,333,265	1,059,092	929,128	4,626,147	1,578,856	8,804,000	781,398
Other	1,284,041	714,387	1,233,234	7,829,260	1,791,436	10,158,000	676,734
Inventory	847,700	680,910	1,085,851	3,124,067	1,209,085	5,730,000	934,242
Prepaid Expenses	409,495	675,188	365,292	1,238,871	824,228	926,000	148,505
Investments	1,121,491	70,025	577,171	1,432,463	346,315	3,655,000	508,617
Restricted Assets	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-
Total Operating Assets	**11,499,098**	**11,334,870**	**9,650,873**	**21,477,385**	**5,833,156**	**46,735,000**	**6,868,822**
Liabilities and Operating Fund Balance:							
Accounts Payable	2,704,263	2,382,873	2,637,316	16,556,737	1,595,463	24,497,000	981,843
Bank Indebtedness	-	-	-	14,305,741	13,224,863	-	-
Accrued Liabilities	7,522,839	5,426,862	5,876,487	37,809,375	12,064,359	36,919,000	4,296,330
Deferred Revenue	429,535	2,297,490	1,057,440	6,291,375	1,221,240	7,747,000	1,590,649
Total Liabilities	**10,656,637**	**10,107,225**	**9,571,243**	**74,963,228**	**28,105,925**	**69,163,000**	**6,868,822**
Externally Restricted	704,319	-	30,212	-	-	-	-
Internally Restricted	112,856	201,762	367,228	-	150,809	-	-
Unrestricted	25,286	1,025,883	(317,810)	(53,485,843)	(22,423,578)	(22,428,000)	-
Operating Fund Balance	**842,461**	**1,227,645**	**79,630**	**(53,485,843)**	**(22,272,769)**	**(22,428,000)**	-
Total Liabilities and Operating Fund Balance	**11,499,098**	**11,334,870**	**9,650,873**	**21,477,385**	**5,833,156**	**46,735,000**	**6,868,822**

2002-03 Regional Health Authority
Audited Operating Fund Financial Statements

STATEMENT OF OPERATIONS	Kelsey Trail	Prince Albert Parkland[1]	Prairie North[1]	Mamawetan Churchill River	Keewatin Yatthe[1]	Grand Total
Operating Revenues:						
Saskatchewan Health - General Revenue Fund	56,001,769	90,617,548	93,513,093	11,804,420	13,716,248	1,513,762,294
Long-term Resident and Respite Income	5,641,797	4,877,955	7,497,198	159,614	15,840	61,208,700
Home Based Services - Client Fees	457,022	310,622	392,037	30,000	17,504	5,940,541
Emergency Response Service Fees	197,241	-	817,181	-	513,553	7,982,875
CMHC Mortgage Subsidies	-	-	-	-	-	-
Out-of-Province/Third Party Reimbursements	484,412	328,761	1,704,657	51,916	157,381	38,024,287
Donations	27,183	24,114	105,850	-	-	1,125,205
Investment Income	212,313	77,574	333,911	15,559	25,000	1,701,481
Ancillary Operations	145,757	1,048,297	647,967	304,391	-	6,303,441
Other	1,446,194	3,535,225	14,910,102	517,223	349,974	58,415,722
Total Operating Revenue	**64,613,688**	**100,820,096**	**119,921,996**	**12,883,123**	**14,795,500**	**1,694,464,546**
Operating Expenses:						
Acute Services	23,782,255	46,479,652	45,363,485	5,076,322	4,645,526	816,891,883
Specialized Hospital Programs	420,677	1,185,148	15,417,949	-	-	67,312,767
Supportive Care Services	25,142,138	24,076,316	33,631,005	338,478	-	303,029,157
Grants to Affiliates:						
Acute Services	-	-	-	-	2,618,698	19,924,240
Supportive Care Services	-	4,807,118	1,022,173	-	-	115,559,792
Other	-	-	-	-	-	391,603
Home Based Services	4,954,357	7,468,817	5,384,968	930,480	808,187	91,560,550
Health Improvement Initiatives:						
Health, Wellness and Social Centres	2,267,161	840,188	999,415	-	3,443,668	20,463,362
Rural Health Initiatives	1,317,004	1,225,307	792,008	-	-	27,978,739
Community Care Initiatives	195,312	802,799	167,025	13,249	235,193	3,077,075
Emergency Response Services	1,897,449	1,826,429	2,933,823	528,359	1,019,690	30,966,311
Alcohol and Drug Services	318,113	915,221	1,262,959	920,142	983,715	14,061,768
Community Health Services	2,707,809	4,243,302	5,532,133	4,058,812	-	72,379,578
Mental Health Services	772,528	6,653,281	7,120,283	870,413	411,897	67,712,688
Rehabilitation Services	828,582	223,470	1,573,770	158,348	138,944	36,316,596
Ancillary Operations	186,893	719,608	-	-	-	3,682,645
Other	-	-	-	-	-	203,658
Total Operating Expenses	**64,790,278**	**101,466,656**	**121,200,996**	**12,894,603**	**14,305,518**	**1,691,512,410**
Operating Fund Excess/(Deficiency) of Revenues over Expenses	**(176,590)**	**(646,560)**	**(1,279,000)**	**(11,480)**	**489,982**	**2,952,136**
Operating Fund Balance - Beginning of the year	3,013,854	(4,366,140)	1,049,733	(458,188)	270,936	(88,229,484)
Interfund Transfers	(538,546)	41,932	(477,887)	-	-	(13,847,482)
Equity Adjustments	-	-	-	-	-	-
Total Adjustments to Equity	(538,546)	41,932	(477,887)	-	-	(13,847,482)
Operating Fund Balance - End of Year	2,298,718	(4,970,768)	(707,154)	(469,668)	760,918	(99,124,830)
STATEMENT OF FINANCIAL POSITION						
Operating Assets:						
Cash and Short-term Investments	4,969,028	3,448,866	7,381,746	588,810	1,314,977	62,393,137
Accounts Receivable:						
Saskatchewan Health	916,347	1,037,232	1,852,425	130,224	177,349	23,225,463
Other	1,240,043	1,660,814	1,913,980	262,994	478,641	29,243,564
Inventory	974,842	720,463	1,491,468	122,606	89,765	17,010,999
Prepaid Expenses	557,392	1,118,323	961,856	110,212	19,323	7,354,685
Investments	50,000	-	1,710,884	-	-	9,471,966
Restricted Assets	-	-	-	-	-	-
Other	12,403	-	-	-	-	12,403
Total Operating Assets	**8,720,055**	**7,985,698**	**15,312,359**	**1,214,846**	**2,080,055**	**148,712,217**
Liabilities and Operating Fund Balance:						
Accounts Payable	430,278	4,622,137	3,294,238	427,765	313,108	60,443,021
Bank Indebtedness	-	-	-	-	-	27,530,604
Accrued Liabilities	5,758,698	7,369,781	9,944,056	813,589	613,842	134,415,218
Deferred Revenue	232,361	964,548	2,781,219	443,160	392,187	25,448,204
Total Liabilities	**6,421,337**	**12,956,466**	**16,019,513**	**1,684,514**	**1,319,137**	**247,837,047**
Externally Restricted	-	-	-	-	-	734,531
Internally Restricted	-	-	65,200	-	-	897,855
Unrestricted	2,298,718	(4,970,768)	(772,354)	(469,668)	760,918	(100,757,216)
Operating Fund Balance	**2,298,718**	**(4,970,768)**	**(707,154)**	**(469,668)**	**760,918**	**(99,124,830)**
Total Liabilities and Operating Fund Balance	**8,720,055**	**7,985,698**	**15,312,359**	**1,214,846**	**2,080,055**	**148,712,217**

Note: Certain figures have been reclassified to conform to this format.
Note: Individual Regional Health Authority audited financial statements are available from the Regional Health Authority.

1. Regina Qu'Appelle, Saskatoon, Prince Albert Parkland, Prairie North and Keewatin Yatthe, Regional Health Authority's Final Financial Statements have not yet been received by the Department, therefore draft financial statement information has been used.

Social Union Framework Agreement (SUFA)

On February 4, 1999, the Prime Minister and Canada's Premiers, except for the Premier of Québec, signed an agreement to improve the social union for Canadians. The agreement has come to be known as the Social Union Framework Agreement (SUFA).

To help overcome past tensions and address future challenges, SUFA provides an agreed-to framework through which governments can adjust the content of the social union in response to the changing needs of Canadians. It includes commitments by governments to involve Canadians in the social policy and program development process, to avoid and resolve disputes, to work cooperatively to sustain and strengthen Canada's social policies and programs, and to improve the accountability of governments to Canadians.

Consistent with the spirit and intent of SUFA, there have been important developments since February 1999 in the area of social policy transparency. In their September 2000 Communiqué on Health, First Ministers agreed to provide clear accountability reporting to Canadians. First Ministers directed Health Ministers to provide, "comprehensive and regular public reporting", and to "collaborate on the development of a comprehensive framework using jointly agreed comparable indicators for reporting". Comparable Health Indicators Reports were subsequently released by all jurisdictions in September 2002.

In their February 2003 Accord, First Ministers further agreed that each jurisdiction would report to its constituents on its health spending, provide comprehensive and regular public reporting on the health programs it delivers as well as on health system performance, health outcomes and health status. These reports are to include the indicators set out in the September 2000 communiqué as well as the additional comparable indicators to be developed on the themes of quality, access, system efficiency and effectiveness.

Our Plan for 2003-04 and Beyond

Overview of Plan for 2003-04 and Beyond

Overview

The purpose of an annual report is not only to look back at the year past, but also to look forward – to provide a forecast. The transformation of the look and content of the annual report began last year with the inclusion of the department's 2002-03 Performance Plan. That document outlined in detail our plans for the future.

The 2003-04 Performance Plan continues the strategic direction set out in *Healthy People, A Healthy Province: The Action Plan for Saskatchewan Health Care*, and builds on the achievements of our 2002-03 Performance Plan. For 2003-04, our Performance Plan identifies more key actions to work towards meeting our goals and objectives. *The Action Plan for Saskatchewan Health Care* provides long-term direction to sustain our publicly-funded health care system into the future. It will continue to guide our decisions and investments in the health system in the years ahead. It will also help us to navigate the myriad of issues that we have identified in our trends and issues summary.

Saskatchewan Health continues to work closely with the public, regional health authorities, health providers, and a wide-range of other important partners to address many of the issues facing the health care system. Many of the determinants of health are not traditionally within the jurisdiction of Saskatchewan Health (eg. education levels, income distribution). We will need to continue to develop and maintain these partnerships in order to attain our goals and objectives.

Along with our goals and objectives, we have provided key actions and performance measures for the 2003-04 fiscal year. We will continue to hold ourselves accountable for completing these actions and for reaching our objectives. In future years, we will continue to refine and improve the way we measure our activities. This will result in some measures being changed, new measures being added and inappropriate measures being dropped.

Plan at a Glance

The 2003-04 Performance Plan reaffirms the government's commitment to take a strong leadership role in making necessary changes. Our top priority continues to be improving the quality of services and access to care, while ensuring the health system is sustainable into the future.

The 2003-04 Performance Plan builds on the work done by the Action Plan and the department's 2002-03 Performance Plan. Our Vision remains unchanged:

"Building a province of healthy people and healthy communities."

To achieve this ideal, Saskatchewan Health has in the 2003-04 Performance Plan set out the following long term goals, objectives and performance measures:

Overview of Plan for 2003-04 and Beyond

Goal 1: Improved Access to Quality Health Services	
Objectives	**Performance Measures**
• Responsive, coordinated primary health care.	• Percentage of people with access to Primary Health Care networks.
• Reduce waiting times for surgical procedures.	• Wait times for surgical specialties and other select procedures.
• Improve emergency medical care.	• Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least EMT-basic level training.
• Improved hospital, specialized services and long-term care.	• Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care. • Number of communities with Saskatchewan telehealth networks; number of telehealth sessions, types and participants.

Goal 2: Effective Health Promotion and Disease Prevention	
Objectives	**Performance Measures**
• Better promotion of health and disease prevention.	• Chlamydia rates – Incidence rate of Chlamydia (rate of new cases per 100,000 population). • Saskatchewan prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals. • Percentage of daily smokers between the ages of 12-19 years in Saskatchewan.
• Improve the health of northern and Aboriginal communities.	• Potential Years of Life Lost (PYLL), per 100,000 population, for Saskatchewan Registered Indian people.

Overview of Plan for 2003-04 and Beyond

Goal 3: Retain, Recruit and Train Health Providers	
Objectives	**Performance Measures**
• Improve utilization and availability of health human resources.	• Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months.
• Develop representative work places.	• Proportion of regional health authorities that have signed representative workforce agreements. • Self-declared Aboriginal employees as a percent of all regional health authority employees. • Proportion of regional health authority staff participating in Aboriginal Awareness training.
• Create healthier more effective work places.	• The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence. • Turnover rate.

Goal 4: A Sustainable, Efficient, Accountable and Quality Health System	
Objectives	**Performance Measures**
• Ensure quality, effective health care.	• Number of competitive research grants awarded by the Canadian Institutes of Health Research (CIHR) to faculty at the University of Saskatchewan. • Number of clients who reported a concern to a Quality of Care Coordinator. • Percentage of concerns received by Quality of Care Coordinators that are concluded within 30 days.
• Appropriate governance, accountability and management for the health sector.	• RHA Operational Plans meeting standards.
• Sustain publicly funded and publicly administered Medicare.	• Public Sector health expenditure as a proportion of total health expenditure.

Overview of Plan for 2003-04 and Beyond

2003-04 Budget Overview

Saskatchewan Health

	2003-04 Estimates $000s
Administration	6,381
Accommodation and Central Services	4,823
Regional Health Services	1,723,437
Provincial Health Services	111,997
Medical Services and Medical Education Programs	473,279
Drug Plan and Extended Benefits	200,208
Early Childhood Development	6,669
Total	**2,526,794**

Approximately 90% of the 2003-04 budget will be provided to third parties (e.g. Regional Health Authorities and physicians) to provide health care services for the residents of Saskatchewan. The majority of the remaining budget will be transferred for drug plan and extended benefit program coverage.

Overview of Plan for 2003-04 and Beyond

Trends and Issues

Saskatchewan Health continues to address the challenges of building a renewed publicly administered health care system that can provide access to quality services today and into the future. There are a number of ongoing pressures that need to be factored into our strategic planning for future health care delivery. These are:

Health Care Providers

Attracting and keeping our doctors, nurses and other health care professionals continues to be a priority. The overall supply of physicians has been slowly increasing over the last several years. But challenges remain in attracting the appropriate range of health care providers and replacing them as they retire.

This performance plan outlines a number of actions designed to improve our ability to ensure health professionals are available when and where they are needed. An enriched bursary program encourages young people to enter a variety of health disciplines. Improving morale in the health workplace is also key to addressing scarce health human resources.

Access to Services

Saskatchewan Health continues to seek innovative solutions to enhance surgical access such as the creation of the Saskatchewan Surgical Care Network (SSCN) and increasing the number of emergency medical service providers in rural areas who have basic and advanced EMT training. The SSCN will improve equity in surgical access through a variety of measures such as a surgical registry and province-wide criteria for determining surgical need. These first steps in a long-term action will ensure timely, coordinated and appropriate surgical care for all Saskatchewan residents

Promoting Good Health

We know that many factors will determine the status of our health. These include a clean environment, a good job, social supports and adequate housing. Saskatchewan Health recognizes the benefits of placing more emphasis on addressing these determinants, rather than only treating the results of poor health. However these factors are often viewed as competing priorities.

The challenge is to balance the more pressing needs of the health sector with the longer-term strategies to encourage a healthier population. Some of these challenges include health promotion strategies tailored to fighting the rising incidence of diabetes, or meeting the unique needs of our Northern and Aboriginal populations.

Increasing complexity and prevalence of new health issues like West Nile Virus and SARS require increased coordination to ensure appropriate responsive measures are in place.

Sustainability

The financial sustainability of the health system is increasingly challenging. In 2002-03, health spending comprised 37 per cent of Saskatchewan's total budget.

In the past year, there were a number of key events that will have an ongoing effect on the health sector in Saskatchewan. The *Commission on the Future of Health Care in Canada* chaired by Roy Romanow released its final report in November 2002. The report reaffirmed the desirability of a publicly funded, publicly administered medicare system, but suggested it must be more accountable to Canadians. The report also recommended significant additional federal funding. The February 2003 *First Ministers' Accord on Health Care Renewal* followed up with a commitment to Medicare, increased accountability and an investment to create change in a number of areas including: primary care, catastrophic drug coverage, and home care.

Drug Plan Utilization and Costs

Drug costs represent one of the most rapidly growing areas in health care. From 1999 to 2002, Saskatchewan Drug Plan expenditures grew by approximately 16 per cent yearly. The escalation in drug costs is the result both of adding new therapies, particularly expensive new medications for previously untreatable conditions such as multiple sclerosis or Alzheimers, and a higher volume of drug use.

The Saskatchewan Prescription Drug Plan is structured to assist families with low incomes, families with high drug costs and those with a combination of the two. The benefits of the Drug Plan are targeted towards those with greatest need and the least ability to pay for their medications.

The challenge is to manage the cost of the Drug Plan while continuing to support those people who

need assistance. Families can apply for financial assistance under our Special Support Program. As of February 28, 2002, 40,174 families (70% seniors and 30% non-seniors) were approved for Special Support.

Changing Demographics
Our changing demographics must be considered when developing strategic directions. We have a growing population of elderly people. People are living longer because they are healthier but they also tend to draw more heavily on healthcare services. Saskatchewan also has a dispersed population that includes significant and expanding First Nations communities. These demographic shifts provide ongoing resource challenges that need to be addressed as we plan and deliver health services.

Changes From 2002-03 Performance Plan

The goals and objectives included in the department's 2003-04 Performance Plan remain unchanged from those published last year. We have identified more key actions and performance measures to assist in tracking progress against our goals and objectives, as well as generally provided more detail.

In the 2002-03 Performance Plan Saskatchewan Health had presented, under certain objectives, a checklist of actions as a way to measure progress. In the 2003-04 Performance Plan, the department has moved away from using checklists in this manner, and instead has developed new performance measures by which to track progress. For example, we will now be measuring incidence rates of chlamydia, which serves as a proxy for the effectiveness of programs and services targeted towards reducing high-risk behaviour associated with all sexually transmitted infections.

Other new performance measures in this year's plan include:

- Percentage of the population aged 12 and over who have consulted with health professionals in the past 12 months.
- Use of health professionals.
- Self-declared Aboriginal employees as a per cent of all RHA employees.
- Turnover rate.
- Number of clients who reported a concern to a Quality of Care Coordinator.
- Percentage of concerns received by Quality of Care Coordinators that are resolved within 30 days.
- Regional Health Authority Operational Plans meeting standards.

The measure related to additional training seats created by type of discipline, is not in the 2003-04 Performance Plan. Saskatchewan Health has determined that progress on this initiative is more appropriately reflected in the Key Actions section.

In the spirit of greater transparency and accountability, the 2003-04 Performance Plan includes specific expectations, under each objective, related to Regional Health Authorities (RHA). As envisioned in *The Action Plan for Saskatchewan Health Care*, the department has been working closely with RHAs to ensure coordinated province-wide planning. Two forums have been created to help the department and the Minister connect with the leadership of the Regional Health Authorities. One is the Minister's Forum comprised of the Minister of Health and each RHA board chair. The other is the Leadership Council, which is comprised of the Deputy Minister of Health and the CEOs of each Authority.

Where We Are Headed, What We Intend To Do and How We Will Measure Progress

This section of the report outlines the details of our performance plan for 2003-04 and beyond, including the actions we plan to undertake over the next year for each objective and some performance measures to assist in tracking progress towards each objective.

Our Vision
Building a province of healthy people and healthy communities.

Our Goals
Goal 1: Improved access to health services

Goal 2: Effective health promotion and disease prevention

Goal 3: Retain, recruit and train health providers

Goal 4: A sustainable, efficient, accountable and quality health system

Overview of Plan for 2003-04 and Beyond

Goal 1 - Improved Access To Quality Health Services

Objective 1: Responsive, Co-ordinated Primary Health Care

Primary health care services are generally the first point of contact for the public. This contact provides the basis to address the main health needs of individuals and communities. It is essential that these services be organized to ensure the most appropriate care, by the most appropriate providers in the most appropriate settings. Objective One is to develop primary health care networks throughout the province, offering a full range of everyday health services.

Department Key Actions for 2003-04

Continue development of standards for primary health care networks in area of access and program requirements.

Enhance Regional Health Authority (RHA) capacity to develop and support primary health care teams:
- Consultations with stakeholders to facilitate the RHA enhancement of primary health care.
- Assist RHAs in team building.

Review and approve RHA plans for primary health care in each region.

Continue working with the Saskatchewan Medical Association (SMA) to develop model contracts for family physicians:
- Establish Provincial Bargaining Framework for non-fee-for-service physicians through negotiation with the SMA.
- Begin drafting legislation to support Framework.

Complete implementation of the HealthLine – Saskatchewan's new 24-hour telephone advice line, and begin taking calls August 2003:
- Undertake communications campaign including television, radio and print advertising.

Support the development of full proposals for projects approved for funding under the four envelopes of the Primary Health Care Transition Fund.

Facilitate interdisciplinary team building within RHAs for primary health care including:
- Hold Saskatchewan Communications Network (SCN) workshop on team development.
- Issue Request for Proposal (RFP) for facilitating interdisciplinary primary health care team building.
- Test and evaluate pilot for primary health care team building.
- Facilitate primary health care team building throughout province.

Finalize primary health care evaluation framework.

Implement provincial diabetes plan, including:
- Approve diabetes plans for RHAs; support RHAs on aboriginal diabetes initiatives.
- Monitor and evaluate delivery of diabetes team based services and implementation of RHA diabetes plans.

Regional Health Authority Key Actions / Expectations

That RHAs submit plans for primary health care services in each region, and begin implementation.

That RHAs participate in standards development for primary health care.

That RHAs implement diabetes plan for their region consistent with provincial diabetes plan.

That RHAs work with Saskatchewan Health on primary health care team building within their region.

What is the department measuring?	Where is the department starting from?
Percentage of people with access to primary health care networks (Medium-term measure) Saskatchewan now has 22 primary health care sites. The percentage of Saskatchewan people with access to a primary health care team is a good measure of a patient's access based on proximity.	The baseline is currently under development.

Objective 2: Reduce Waiting Times For Surgical Procedures

Waiting times for some surgical procedures are a concern for Saskatchewan people. Saskatchewan Health will lead several initiatives designed to improve the management of wait times.

Department Key Actions for 2003-04

Implement and refine the Surgical Patient Registry:

- Provide physicians and staff of the RHAs with information on clinical prioritization tools and registry processes.
- Continue to pilot the Surgical Patient Registry (information system).
- Establish and staff the registry office.
- Begin to implement the registry by July 2003.

Further integrate and modify the registry information system with the RHAs and government information system.

Continue development of recommended target wait times for surgical specialties based on prioritization by the Saskatchewan Surgical Care Network (SSCN).

Continue ongoing maintenance of the surgical Web site.

Regional Health Authority Key Actions / Expectations

That RHAs deliver surgical services in accordance with the framework established by the SSCN, and participate in the provincial Surgical Patient Registry.

What is the department measuring?	Where is the department starting from?
Wait times for surgical specialities and other select procedures. Wait times for select procedures are currently under development. Regular monitoring and reporting of wait times will occur once the Surgical Patient Registry, and target wait times are developed and implemented. The performance measures will be part of the recommended target wait times for surgical specialities. Reporting will begin when the surgical registry is in place (Summer 2003).	Baselines will be established in 2003.

Objective 3: Improve Emergency Medical Care

Saskatchewan people depend on quality emergency medical services (i.e. quick response time from well trained health providers). Over time, we will introduce regulation of ambulance fees to ensure greater fairness for all Saskatchewan people.

Department Key Actions for 2003-04

Continue training Emergency Medical Service Responders (EMRs) up to Emergency Medical Technician (EMT) – basic level. Based on year one (2002-03) of this initiative, review and update training requirement with the RHAs. The 3-year (2006-07) training target for this initiative is 240.

Develop recommendations related to improving consistency of road ambulance fees across the province.

Ensure that the remaining ambulance services are dispatched through a wide-area dispatch centre.

Implement performance-based contracts between RHAs and wide-area dispatch centres.

Regional Health Authority Key Actions / Expectations

That RHAs provide timely access to 24/7 emergency medical services with appropriately trained providers.

That RHAs implement performance-based contracts with EMS dispatch service providers as contracts are renewed.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has at least EMT-basic level training. (medium-term measure)

This measure is a reflection of the level of care that is provided by the emergency medical service provider. The Emergency Medical Technician (EMT) is the international standard for the basic level of service to be provided by an ambulance service. EMT is a higher standard than Emergency Medical Responders (EMR) who must complete a recognized first aid program, CPR certification and a prescribed orientation program in ambulance operations at minimum. In comparison, EMT-basic providers receive about 400 hours of more advanced training in CPR and emergency care from an accredited Canadian Medical Association training program.

Where is the department starting from?

Percentage of all ambulance calls responded to where at least one of the emergency medical service providers has a least EMT-basic level training.

	Number of Calls*	%*
2000-01	80,855	98.00
2001-02	81,142	98.15

*Data source Saskatchewan Health.

Objective 4: Improved Hospital, Specialized Services and Long-Term Care

Saskatchewan people depend on quality hospital and long-term care services. To strengthen our hospitals for the future, we will further develop program standards within each category of facility to promote optimal patient care across the hospital network. We will also provide more options for seniors and people with disabilities who want to remain independent in the community.

Department Key Actions for 2003-04

Regional Health Authorities will receive funding to expand and enhance regional health services including:

- More service at existing dialysis sites and two new satellite locations;
- Improved access to specialized medical imaging services such as CT scans and heart vessel examinations; and,
- Expanded capacity of the poison information centre which has proved very valuable since it was introduced in September 2001

$19 million in funding for medical capital equipment

Funding for construction on the Fort Qu'Appelle First Nations Hospital, the Weyburn Regional Care Centre, the Yorkton Long-term Care Centre, the Melfort Regional Care Centre and a new hospital in Ile a la Crosse.

Continue regulations and standards development under The Regional Health Services Act .

Continue implementing the removal of the 40-bed restriction in personal care homes including:

- Following up announcement of amendments to The Personal Care Homes Act, we will be amending the Licensees' Handbook, Personal

Care Homes Orientation, and other operational aspects.

Expand and enhance telehealth in the province ensuring there is at least one telehealth site in each region, which has the telecommunications infrastructure to support quality of service for telehealth.

Regional Health Authority Key Actions / Expectations

That RHAs provide the range of acute care services at each of its hospitals as outlined in the hospital classification section of the Action Plan.

That RHAs ensure access to appropriate inpatient medical services for the population it serves, including networking and transfer arrangements for patients whose clinical needs cannot be met in the region's hospitals.

That RHAs ensure that admissions to long-term care are on the basis of assessed need of individuals whose needs cannot be met appropriately through home care or community based services.

That RHAs support the implementation of the telehealth initiatives in their region.

What is the department measuring?

Patient Satisfaction

Percentage of the adult population who rate themselves as either very satisfied or somewhat satisfied with the quality of care for:

(a) Overall health services received
(b) Services received in a hospital
(c) Services received from a family doctor or other physicians
(d) Community-based services received

Although patient satisfaction has always been an important measure to policy makers, practitioners and the public, it is only recently that a tool has been developed to measure it.

Where is the department starting from?

One of the best ways to determine improvements in health services is to rate patient satisfaction. This baseline was established using data available from the Canadian Community Health Survey.

Percentage of Adult Population Who Rate Themselves as Either Very Satisfied or Somewhat Satisfied with the Quality of Care*

	2000-01	2003-04
Overall Health Services	85.3%	-
Services Received in a Hospital	82.9%	-
Services Received from a Physician	92.6%	-
Community Health Services	90.3%	-

*Data source the Canadian Community Health Survey. Updated data will not be available until the summer of 2004.

What is the department measuring?	Where is the department starting from?
Expand Telehealth *(a) Number of communities with Saskatchewan telehealth networks (Short-term measure)* *(b) Number of telehealth sessions, types and participants (Short-term measure)* The Telehealth network is a tool for providing clinical and educational programs for all health professionals and the general public. It also allows physicians and patients in rural and remote areas to have access to specialists in larger centres without having to travel. During 2003-04, work will be undertaken to expand to 18 sites in 16 communities.	As of March 31, 2003 the telehealth network was operating in 12 sites in 10 communities (six regions.) In 2002-03: • There were 265 education sessions hosted with a total attendance of 3976. • There were 166 clinics with 237 patients seen.

Goal 2: Effective Health Promotion and Disease Prevention

Objective 1: Better promotion of health and disease prevention

The most important influences on the health of people are factors such as income, education, diet, lifestyle (e.g. smoking), housing, environment and support from family and friends. Our plan will continue to support a variety of health promotion initiatives that improve the quality of life for Saskatchewan people.

For example, an intersectoral primary prevention approach to diabetes will address factors that contribute to the development of diabetes such as access to healthy food choices, and physical activity opportunities.

Department Key Actions for 2003-04

The provincial response to the West Nile Virus will include public education, surveillance to track the disease in birds, mosquitoes, horses and people, and mosquito control programs. Assistance will be provided to municipalities to enhance mosquito control to reduce the risk of the spread of West Nile Virus.

Complete a Provincial Population Health Promotion Strategy including:
- Regional and provincial consultations to determine provincial priorities.
- Releasing Provincial Population Health Promotion Strategy to guide population health promotion work throughout the province.
- Beginning to collect baseline information, for example population health promotion activity expenditures at the RHA level.

Work with RHAs to develop and implement regional population health promotion strategies, taking into consideration provincial priorities and local needs:
- Provide central support to RHAs in the area of training and development in population health promotion.

Continue development of a provincial injury strategy:
- Internal Steering Committee will make recommendations regarding ongoing development.
- Initiate secondary consultations as necessary.

Complete targeted screening program to assess the diabetes status of undiagnosed persons living in high-risk communities:

- A northern community has been selected and the RHA is establishing the process for the initiative.
- An evaluation process of the targeted screening program will commence.

Continue amendments to public health regulations in support of environmental health initiatives.

Continue improvement of measurement and reporting on provincial and regional health status including:

- Work with Federal-Provincial-Territorial partners to select and develop additional Comparable Health Indicator Measures based on the February 2003 *First Ministers Accord on Health Care Renewal.*
- Prepare for a second Saskatchewan Comparable Health Indicators Report for release in 2004.
- Disseminate region level information from the Canadian Community Health Survey to RHAs.
- Continue indicator development in support of a range of activities, including strategic planning, RHA accountability, interdepartmental strategies and departmental initiatives.

Support intersectoral policy initiatives including the Early Childhood Development Plan,Youth Services Model, School^{PLUS} and the Fetal Alcohol Spectrum Disorder (FASD) Framework, to address the needs of children and youth as well as the Metis and Off-Reserve Strategy:

- Participate in Phase II of the Youth Services Model program evaluation.
- Continue to promote, assist regional development, and examine resource allocation of the School^{PLUS} program.
- Participate in the development of the FASD provincial policy framework and seek input through the establishment of a community discussion process.
- Support early childhood development initiatives as outlined in the budget document entitled *Our Plan for 2003-04*, www.gov.sk.ca/finance/budget

Continue to participate in activities supporting the Long Term Safe Drinking Water Strategic Plan, including:

- Obtain National Accreditation for the Provincial

Laboratory's Water Testing Section, with final accreditation targeted for April 1, 2004.
- Work with RHAs and Saskatchewan Environment to complete an updated *Bacteriological Follow-up Protocol for Waterworks.*
- Work with RHAs to refine water-borne disease reporting systems for completion.
- Implement database to assist Medical Healht Officers (MHO), Public Health Inspectors (PHI) and plant operators, and review effectiveness.
- Collaborate with the University or Regina in developing methods for the analysis of trace elements in drinking water (i.e. pesticides.)

(Note: the government has highlighted a number of important initiatives that are planned in support of the safe drinking water strategy. Details can be found in the budget document entitled Our Plan for 2003-04, www.gov.sk.ca/finance/budget)

Continue to work with the Office of Disability Issues in the development of Saskatchewan's Disability Strategy.

Participate in the intersectoral development of programs and policies to complement and respond to the new *Youth Criminal Justice Act*:
- Participate in the development of an Intensive Rehabilitative and Custody Supervision (IRCS) program for seriously violent young offenders with mental disorders in Saskatchewan.
- Develop health policies and guidelines for handling court ordered assessments for youth charged under the Youth Criminal Justice Act.

Regional Health Authority Key Actions / Expectations

That RHAs will work with the department to initiate implementation of population health promotion initiatives taking into consideration provincial priorities and local needs including:
- Develop action plans based on the needs of the region's respective communities.

That RHAs will continue to participate in activities supporting the Long Term Safe Drinking Water Strategic Plan including:
- Monitoring compliance of the Health Hazard Regulations related to public water supplies not regulated by Saskatchewan Environment.

That RHAs maintain effective health protection programs to minimize disease risk from environmental exposure:

- RHAs will enforce health regulations pursuant to The Public Health Act, 1994.
- RHAs will perform inspections on licensed facilities governed by these regulations to ensure compliance.

That RHAs develop and implement a plan for reducing tobacco use in their region.

That RHAs enforce the smoke-free public place provisions of The Tobacco Control Act, including the issuing of tickets and laying of charges as appropriate.

That RHAs work towards reducing the incidence of sexually transmitted infections (STIs) by promoting education and testing of high-risk individuals and groups; promoting sexual health education in schools; and ensuring contact tracing, partner notification and counselling.

What is the department measuring?	Where is the department starting from?
Chlamydia trachomatis rates – Incidence rate of chlamydia (rate of new cases per 100,000 population) This is a common Sexually Transmitted Infection (STI) that may result in female infertility and ectopic pregnancy. The higher incidence rates relative to other STIs are a more sensitive indicator of change in risk behaviours and reflect the effectiveness of primary and secondary prevention. Measuring incidence rates of genital chlamydia serves as a proxy measure for the effectiveness of programs and services targeted towards reducing high-risk behaviour associated with all STIs. A confirmed case is defined as laboratory confirmation of infection.	Rate of 258.4 per 100,000 population.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?

Diabetes prevalence rate (long-term measure)
Saskatchewan prevalence of diabetes (type 1 & 2) expressed as a number per 1,000 individuals

Type 2 diabetes affects about 90% of the diabetic population. It often appears after age 40 especially in high-risk populations and tends to be associated with inadequate nutrition, lack of exercise and obesity. Adequate public education about prevention strategies can delay or prevent type 2 diabetes.

Currently information on diabetes can be provided for prevalence rates (i.e. number of existing cases); however, the more important measure of how well prevention and promotion strategies are working is the incidence rate of diabetes (i.e. the number of new cases). In the future this measure will shift to incidence rates, as data becomes available.

Where is the department starting from?

Diabetes prevalence rate

The data comes from the National Diabetes Surveillance System (NDSS).

Saskatchewan Diabetes (Type 1 & 2)			
	1997-1998	**1998-1999**	**1999-2000**
Prevalence Rate – Existing cases per 1000 population	32.7	35.9	38.5
Incidence Rates – Newly identified cases per 1000 population	5.6	5.0*	4.4*

*The rates for 1998-99 and 1999-2000 are preliminary.

What is the department measuring?

Percentage of daily smokers between the ages of 12-19 years in Saskatchewan (Long-term measure)

Tobacco use is the leading cause of preventable illness and death in Canada. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke.

Where is the department starting from?

Saskatchewan Smoking Rate, 12-19 Years of Age*		
	2000-01	**2003-04***
Percentage of daily smokers between the ages of 12-19 years.	20.5%	-

*Data source the Canadian Community Health Survey. Updated data will not be available until the summer of 2004.

Objective 2: Improve the Health of Northern and Aboriginal Communities

Northern and Aboriginal communities have their own issues and concerns when it comes to health care. They also have a unique perspective on how to bring better health care to their people.

Saskatchewan Health will participate in or lead a number of initiatives designed to support Northern and Aboriginal communities in their efforts to address health issues.

Department Key Actions for 2003-04

Work towards implementation of a Northern Health Strategy including:

- The full Memorandum of Understanding to be signed by the province and Health Canada. Coordination and implementation of some specific joint health program planning and delivery is expected. Programs will be based on priorities identified in the strategic planning exercise.
- The Northern Health Strategy Working Group (NHSWG) will consult with stakeholders.
- Begin development of a Dental Health Strategy for both children and adults.
- Develop proposal to access funding from Federal Primary Health Care Transition Fund.

Participate in the Government of Saskatchewan Metis and Off-Reserve First Nations People strategy, to ensure improved health status and representation in the workforce.

Support northern hospitals, including ongoing planning for the redevelopment of the hospital in Ile a la Crosse.

Support construction of Fort Qu'Appelle Indian Hospital.

Regional Health Authority Key Actions / Expectations

That RHAs support the consultation process between Northern Health Strategy Working Group and stakeholders.

That RHAs support development of proposal to access funding from Federal Primary Health Care Transition Fund.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?

Potential Years of Life Lost (PYLL), per 100,000 Population, for Saskatchewan Registered Indian People (long-term measure)

Potential Years of Life Lost is the number of years of life 'lost' when a person dies 'prematurely' from any cause – defined as dying before age 75. A person dying at age 25, for example, has lost 50 years of life. Through the development of culturally sensitive services, it is anticipated Aboriginal people will feel more comfortable being involved in programs focused on prevention and as a result, over time, we should see a decrease in the number of years of life lost by this demographic group.

Through the development of culturally sensitive services as identified in the key actions above, it is anticipated that Aboriginal peoples will play a more meaningful role in program development and respond to programs focused on prevention. We should see a decrease in the measure of years of life "lost" when a person dies prematurely.

The measure we chose to report on relates to the PYLL per 100,000 population for Saskatchewan Registered Indian peoples. The data source for PYLL is Saskatchewan Health. Registered Indian status was assigned using the Saskatchewan Person Registry System where "Registered Indian" was a person who was registered under section 6 of the federal *Indian Act*, and who has been assigned a number in the Indian registry.

Where is the department starting from?

Using 1998 data, Saskatchewan Health in its 2002-03 Performance Plan calculated the PYLL for registered Indian peoples as being 8,572.6 years. However, since then the department has improved its methodology in calculating the PYLL, and now has more accurate figures. We have also calculated figures for 2001. The PYLL for 1998 and 2001 are as follows:

	1998 (per 100,000 population)	**2001** (per 100,000 population)
Saskatchewan Registered Indian Peoples	11,276.1	11,998.0
Remainder of the Saskatchewan Population	5,770.2	5,040.0

Goal 3: Retain, Recruit, and Train Health Providers

Objective 1: Improve Utilization and Availability of Health Human Resources

Saskatchewan's health care system faces challenges attracting and keeping skilled health professionals. We are not alone. Every other province and country faces similar challenges.

Saskatchewan's effort to deal with this issue is multi-faceted. We believe a combination of actions will be the solution: the formation of primary health care teams, training of more health care providers, supporting health professionals to make full use of their skills and training, offering competitive wages and incentives, continuing education and professional development, and increased funding for medical research.

Department Key Actions for 2003-04

Implement province-wide health human resource planning:

- Implement and monitor RHA accountability framework for health human resources in 2003-04.
- Incorporate performance indicators into payroll/HR system(s) and into new RHA Accountability Framework.
- Implement a more comprehensive human resource-planning framework for regions.
- Continue working on human resource planning indicators in the areas of absenteeism, workforce turnover, and representative workforces. These indicators will assist health human resource planning at the regional and provincial level. Also begin development of forecasting model(s) for health human resource planning.
- Begin development of provincial physician resource plan.
- Complete a Nursing Labour Market Study.
- Implementing new physician alternate payment agreements; and
- Continuing intake of 60 students per year at the College of Medicine.

Increase training opportunities for select health professions:

- Assess the training needs for select professions in conjunction with Saskatchewan Learning.
- Work with RHAs and educational institutions, in conjunction with Saskatchewan Learning, to develop alternate clinical placement models/arrangements to meet priority needs.
- Continue to support increased collaboration between provincial training institutions and regional health authorities (e.g. Saskatchewan Academic Health Sciences Network.)

Enhance Provincial Bursary Programs:

- Assess appropriate allocation of bursaries.
- Continue to offer nursing and re-entry nursing bursaries and explore graduate training bursaries.
- Continue to offer internship bursaries for select disciplines.
- Better coordinate Saskatchewan Health Bursary Program with RHA bursaries for students.
- Develop a province-wide bursary database and tracking system.

Expand Continuing Education and Professional Development:

- Support professional development priorities developed through stakeholder consultation.
- Support the development of career laddering initiatives.
- Oversee the implementation of the Executive Leadership Program for RHAs.

Support the management and implementation of existing/new programs to enhance physician recruitment and retention in the province.

Raise public awareness of recruitment and retention initiatives, most notably return service bursaries, through province-wide newspaper advertising campaign.

Regional Health Authority Key Actions / Expectations

That RHAs promote continuing education that supports RHA objectives.

That RHAs establish effective processes that facilitate employees using their full range of skills.

What is the department measuring?

Use of Health Professionals

Percentage of population aged 12 and over who have consulted with health professionals in the past 12 months.

This measure will help us determine utilization trends amongst different health professions.

Exclusions
- persons living on First Nations Reserves and on Crown lands;
- residents of institutions;
- full-time members of Canadian Armed Forces;
- residents of certain remote regions; and,
- persons 12 years and younger.

Where is the department starting from?

For a starting point, Saskatchewan Health will use data from the Canadian Community Health Survey for 2000-01:

% of population aged 12 and over who have consulted with a health professional in the past 12 months

Health Professional	Sex		
	Both Sexes	Male	Female
MD / Paediatrician	82.6	78.0	87.2
Mental Health Professional	7.6	4.4	10.6
Dental Professional	50.5	47.8	53.1
Alternative Health Care Provider	13.9	9.9	17.8

Objective 2: Develop Representative Work Places

Saskatchewan Health recognizes the value of a health system that meets the needs of a diverse population. Initiatives are planned to encourage a health workforce that is representative of the people it serves.

Department Key Actions for 2003-04

Continue to build support for full participation by Aboriginal peoples through Aboriginal awareness training in the workplace:
- In conjunction with Governmental Relations and Aboriginal Affairs (GRAA), Saskatchewan Association of Health Organizations (SAHO) and Saskatchewan Learning develop a provincial 3-year training plan.
- Support implementation of year 1 of the training plan in the regions.
- Invest in Aboriginal awareness training in the workplace.

Increase Aboriginal participation in the health sector workforce by the application of Representative Workforce Agreements in RHAs.

Explore initiatives for Aboriginal youth in the health sector (e.g. expansion of current northern summer student programs.)

Develop and adopt for Saskatchewan Health a representative workforce strategy; continue to develop and implement initiatives under the workplace diversity program.

Build Saskatchewan Health employee awareness of workplace diversity.

Develop recruitment initiatives for Saskatchewan Health to increase Aboriginal representation.

Regional Health Authority Key Actions / Expectations

That RHAs implement a 3-year training plan to raise awareness of Aboriginal issues in the workplace.

That RHAs have a resource dedicated to advancing the Representative Workforce Strategy.

That RHAs begin, and in most cases, continue the implementation of the representative workforce strategy.

What is the department measuring?

Proportion of regional health authorities that have signed representative workforce agreements (medium-term measure)

The Government of Saskatchewan introduced the Aboriginal Employment Development Program in 1995 to increase Aboriginal employability and employment across the public and private sectors in Saskatchewan. The program uses formal partnership agreements that commit employers in principle to the development of three key areas: employment, education and economic development.

According to the Aboriginal Employment Development Program as of January 2002 there were 22 of 32 potential representative work force agreements signed. This baseline has changed slightly in 2003-04 with the transition to 12 regional health authorities.

Where is the department starting from?

As of April 1, there were no representative workforce agreements signed with the RHAs. This is due to the fact that the agreements signed by 22 of the 32 health districts were revised to reflect the new regional health authority structure.

Saskatchewan Health anticipates that all RHAs will have representative workforce agreements in place by the end of the 2003-04 fiscal year.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?	Where is the department starting from?
Self-declared Aboriginal employees as a percent of all RHA employees.	Saskatchewan Health is working with RHAs and SAHO to access and report this data. A baseline will be developed in 2003-04.

What is the department measuring?	Where is the department starting from?
Proportion of RHA staff participating in Aboriginal Awareness training.	SAHO estimates 1500 employees in the health sector (of approximately 30,000) have participated in Aboriginal Awareness Training to the end of March 2003.

Objective 3: Create Healthier More Effective Work Places

Supporting, attracting and keeping skilled health professionals is a significant challenge for Saskatchewan's health care system. Initiatives are planned to create more satisfying work environments.

Department Key Actions for 2003-04

Continue to support current quality workplace process as a transition to new framework/approach:

- Evaluate existing quality workplace initiative.
- Expand sites based on current Quality Work Place (QWP) model.

Implement a new quality workplace framework:

- Develop appropriate resource structure in the regions and department to support framework.
- Develop tools and supports to further quality workplace initiatives (e.g. survey tools, training supports, evaluation tools.)

Develop and implement for Saskatchewan Health a learning strategy and promote learning plans for Saskatchewan Health employees.

Ensure a positive and supportive work environment at Saskatchewan Health:

- Develop and begin to implement an employee recognition program.
- Continue to evaluate and enhance the employee orientation program.

Overview of Plan for 2003-04 and Beyond

Regional Health Authority Key Actions / Expectations

That RHAs support the development of a quality workplace framework.

That RHAs take steps to foster a workplace culture that supports a quality of work life and organizational health.

That RHAs use the SAHO payroll system in their attendance management system, including tracking and monitoring overtime, sick leave and other leave entitlements.

What is the department measuring?	Where is the department starting from?
The average number of days absent from the workplace, for which illness or injury is reported as the reason for absence, within a given period of time. Absence as a result of illness or injury (sick leave) constitutes a significant proportion of total absence from the workplace. Sick leave is a well-established indicator of quality of the workplace, staff morale and job satisfaction. Literature has shown consistently that as workplace morale improves, rates of absenteeism decline.	Baseline is being developed. Work is ongoing with SAHO to access information in the format Saskatchewan Health requires.

What is the department measuring?	Where is the department starting from?
Turnover rate. Turnover rates are also a good indicator of quality of the workplace, staff morale and job satisfaction. Turnover has significant cost implications for the organization. The department will be looking at two types of turnover within RHAs: • individuals moving within the system; and, • individuals ieaving the system completely.	The baseline is currently under development. It is anticipated that it will be completed in 2003-04. Saskatchewan Health is currently working with RHAs to access and report this data.

Overview of Plan for 2003-04 and Beyond

Goal 4: A Sustainable, Efficient, Accountable Quality Health System

Objective 1: Ensure Quality, Effective Health Care

To provide health services that Saskatchewan people truly need means ensuring quality is considered in all of our actions. Equally important is the need to provide the necessary support to good decision making by health professionals.

Department Key Actions for 2003-04

Establish an effective and efficient working relationship between the Health Quality Council and the Department, ensuring that the Council's work is integrated with the activities / priorities of the department and system at large.

Develop policies in response to recommendations released by the Quality Council.

Continue progress on specific initiatives to improve health information systems to give health care providers and administrators the information they need to better coordinate and improve patient care:

- Saskatchewan Health Information Network (SHIN) continues to implement a centrally hosted set of clinical applications for mid-sized health regions including client registration, laboratory, pharmacy and home care systems.
- Implement a provincial Provider Registry (jointly developed by western provinces.)
- Continue to facilitate timely access by health care professionals to laboratory results, client drug profiles and other clinical information.
- Implement a new province-wide system to manage communicable and sexually transmitted infections and detect outbreaks.
- Implement a Provincial Chart of Accounts for financial information based on Canadian Institute of Health Information's (CIHI), Management Information System (MIS) Guidelines in RHAs.
- Continue implementation of MDS-RUGS 2.0 (Minimum Data Set-Resource Utilization Groupings), a client assessment tool, in long-term care facilities.
- Pilot MDS-Home Care, a client assessment tool, in RHAs.
- Work with Information Technology Office to fully implement CommunityNet in targeted health facilities.
- Implement a new Automated Client Information System (ACIS) for RHA alcohol and drug and problem gambling services.

Overview of Plan for 2003-04 and Beyond

Develop systems to collect more complete prescription drug information, and to support health care providers during the prescribing and dispensing of drugs. Implement enhanced data collection in 2003-04 and continue development of support for health care providers in 2004-05.

Streamline the income-tested application process for the Provincial Drug Plan.

Continue to work with other jurisdictions to address issues related to the transition to a national common drug review process.

Implement a Water Quality Database.

Provide ongoing support to health research in Saskatchewan, through the newly established Saskatchewan Health Research Foundation:

- Transfer Saskatchewan Health research funding, along with initial funding criteria, to the Saskatchewan Health Research Foundation.
- Develop a provincial health research strategy with assistance from the Saskatchewan Health Research Foundation.

Begin to develop a policy framework for genetic testing.

Work with RHAs and providers to develop the medical staff organization to ensure the maintenance of quality health services.

Work with the Saskatchewan Academic Health Sciences Network on the future role and direction of health colleges.

Overview of Plan for 2003-04 and Beyond

Regional Health Authority Key Actions / Expectations

That RHAs continue to participate in the Canadian Council on Health Services Accreditation (CCHSAS) process.

That RHAs begin to provide the department with Minimum Data Set (MDS) information for long-term care.

That RHAs develop and implement a risk management program that includes risk identification and assessment, risk management and reporting / evaluations.

Health Quality Council Key Actions / Expectations

Finalize new organizational structure, ensuring capacity to meet the expectations detailed in both legislation and the Terms of Reference.

Develop 2003-04 workplan.

Develop public identity and credibility.

As accommodated by the Council's first year workplan, provide recommendations and advice to government, RHAs, providers, stakeholders and others.

Prepare and release public reports on activities, research and recommendations developed.

Hold at least one public meeting in the 2003-04 fiscal year.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?

Number of competitive research grants awarded by the Canadian Institutes of Health Research (CIHR) to faculty at the University of Saskatchewan based on the number pursued as a percentage of the total number of applications (short-term measure)

Where is the department starting from?

The following number of CIHR operating grants (includes the March and September CIHR award granting period in each year) were awarded to University of Saskatchewan based researchers:

Year	# Submitted	# Successful
2000	49	7 (15%)
2001	70	13 (19%)
2002	66	13 (20%)

The data source used to collect CIHR Operating Grant success rates has been refined. Information is collected by the University of Saskatchewan – Office of Research Coordination.

As data become available, we will expand this measure to include the University of Regina.

What is the department measuring?

Number of clients who reported a concern to a Quality of Care Coordinator (QCC).

RHAs are required to report a standardized summary of their client concern information (with any identifying and case specific information removed) to the department annually. As a performance indicator, the QCC information is one method of tracking the type and volume of health care concerns across the province. As Saskatchewan Health and RHAs continue to promote the role of the QCC it is anticipated that the number of contacts may increase.

Where is the department starting from?

# of Clients Who Reported a Concern				
	1998-1999	1999-2000	2000-2001	2001-2002
Number of Clients	2026	1787	1810	1932

The number of clients who reported a concern during the previous four years has remained relatively stable. Of the total number of people who had some form of contact with the health care system in 2001-02, less than one per cent lodged a concern with a QCC.

This may not reflect the total number of concerns in the system, however, as clients and their family or friends may not be aware that a formal mechanism exists to record and respond to their issues.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?

Percentage of concerns received by Quality of Care Coordinators (QCC) that are resolved within 30 days.

In addition to tracking the volume and nature of concerns, QCCs also record how quickly each concern was resolved. A concern is considered resolved from the RHA's perspective when the QCC, either orally or in writing, provides a response regarding the issue raised.

The majority of the 1,932 concerns received in 2001-02 were concluded in a timely manner. Reasons for cases taking longer to resolve may include delays when referring a question or issue to a health care professional for more information, and / or repeated consultations with the family.

Where is the department starting from?

# of Concerns Resolved Within 30 Days			
	1999-2000	2000-2001	2001-2002
Resolved Concerns	83%	82%	85%

Objective 2: Appropriate Governance, Accountability and Management for the Health Sector

Strong leadership and effective planning in health care must be consistent across the province. The creation of 12 regional health authorities, governed by appointed boards, will improve the planning process for health care delivery.

A new budgeting process will allow earlier budget targeting and approval. Multi-year funding targets will allow better long-term planning.

Department Key Actions for 2003-04

Continue development and implementation of accountability framework for RHAs including the development of comprehensive service / performance agreements:

- Conduct education sessions for RHA Board / CEOs on quality agenda and performance management.
- Develop a new committee structure to support interdependent planning relationships (e.g. acute care, quality, human resource planning).
- Implement the new accountability document with a modified set of performance indicators (and review at year end).
- Create and introduce a Board / CEO performance evaluation tool.

Implement department framework for monitoring RHA compliance with performance expectations.

Develop internal performance indicators for Laboratory Services including:

- Turnaround times for reporting results to key clients.
- Specimen acceptability.
- Compliance in providing accurate information on requisitions.

Revise and improve the information management framework for Saskatchewan Health and the health sector including:

- Evaluation and improvement, as necessary, of existing security and information management practices.
- Evaluation and continued development of a comprehensive privacy framework within the department and the health sector.
- Work with RHAs, the Saskatchewan Health Information Network (SHIN) and other stakeholders to develop and implement a Provincial Information Technology Plan and architecture for the health sector.

Regional Health Authority Key Actions / Expectations

That RHAs develop plans for implementation of Community Advisory Networks.

That RHAs submit an annual multi-year operating plan.

That RHAs establish the performance objectives of its management team, monitor and assess the results achieved, and undertake remedial action as needed.

That RHAs begin revision of agreements with health organizations pursuant to The Regional Health Services Act.

That RHAs develop and implement for the region multi-year plans for human resources, information management and financial planning.

That RHAs complete and begin to implement regional information technology plans consistent with the Provincial Plan.

That RHAs work with the department on provincial standards development and local implementation consistent with provincial information technology architecture.

That RHAs table their first annual reports.

Overview of Plan for 2003-04 and Beyond

What is the department measuring?	Where is the department starting from?
RHA Operational Plans meeting standards. In September 2002, RHAs submitted to Saskatchewan Health a 2-year operational plan for review. These RHA plans became part of the department's budget planning process. These initial draft operational plans are a first step in the developing RHA planning process. The department continues to work with RHAs in refining the operational planning guidelines. Along with the operational plans, RHAs are expected to submit separate plans related to human resources, information management and primary health care. Saskatchewan Health will review RHA operational plans to determine the following: • The plans include financial, capital, information management, human resources and primary health services components. • Planned staffing levels are sustainable and comply with known staffing standards and program requirements.	Baseline will be established in 2003-04.

Objective 3: Sustain Publicly Funded and Publicly Administered Medicare

Health care costs are rapidly rising. Technological advances add quality and years to people's lives, but they are expensive. People are living longer, but as our population ages, more people require medications and treatments. It is also getting increasingly costly to attract and keep medical professionals who are in high demand around the world.

Saskatchewan Health will strive to make the best possible use of our health providers and our resources, through prudent management and innovative service delivery.

Department Key Actions for 2003-04

Continue to work with partners in the health sector to implement cost-effective approaches to health care.

Work with RHAs to maintain financial sustainability.

Continue to work with RHAs on developing a funding allocation methodology.

Implement the 2003 *First Ministers' Accord on Health Care Renewal:*

- Make financial investments in the reform areas of primary health care, home care (i.e. acute community mental health care, short-term acute care, end-of-life care), catastrophic drug coverage, and diagnostic and medical equipment.
- Work with other jurisdictions to develop appropriate performance indicators to measure progress and report to the public on achieving

the reforms set out in the First Ministers' Accord.
- Work with other jurisdictions to establish a National Health Council to monitor and report annually on the implementation of the First Ministers' Accord.
- Work with other jurisdictions to develop a minimum basket of home care services.

Regional Health Authority Key Actions / Expectations

That RHAs develop and implement a multi-year financial plan for their region.

What is the department measuring?

Public sector health expenditure as a proportion of total health expenditure (long-term measure)

This is the share of total health expenditures (public and private) covered by the public sector. Public sector includes health care spending by provincial and municipal governments, direct health care spending by the federal government for Aboriginal people, the Armed Forces and veterans, and workers' compensation boards.

Where is the department starting from?

Public sector expenditure as a proportion of total health expenditure.

Year	Saskatchewan*	National Average*
1999	76.7%	70.8%
2002	76.6%	70.7%

*Data source, Canadian Institute for Health Information.

Where to Obtain Additional Information

Detailed information about Saskatchewan Health's programs and services is available on the Web site **www.health.gov.sk.ca**

Specific contact information is also available for a variety of health services in Appendix V: Saskatchewan Health Directory of Services. Further inquiries can be made to Saskatchewan Health at **webmaster@health.gov.sk.ca**

Comments on the 2002-03 and 2003-04 Performance Plans can also be directed to the Webmaster.

Appendix I: Summary of Saskatchewan Health Legislation

The Ambulance Act
- Regulates emergency medical service personnel and the licensing and operation of ambulance services.

The Cancer Foundation Act
- Sets out the duties and powers of the Saskatchewan Cancer Agency in the provision of cancer-related services and reporting of cancer-related data for the province. It also sets out the agency's funding relationship with Saskatchewan Health.

The Change of Name Act, 1995
- Administers the registration of legal name changes for residents of Saskatchewan.

The Chiropody Profession Act
- Regulates the profession of chiropody/podiatry.

The Chiropractic Act, 1994
- Regulates the chiropractic profession.

The Dental Care Act
- Governed the department's former dental program and currently allows for the subsidy program for children receiving dental care in northern Saskatchewan.

The Dental Disciplines Act
- Omnibus statute regulates the six dental professions of dentistry, dental hygiene, dental therapists, dental assistants, denturists and dental technicians.

The Department of Health Act
- Provides the legal authority for the Minister of Health to make expenditures, undertake research, create committees, operate laboratories and conduct other activities for the benefit of the health system.

The Dietitians Act
- Regulates dietitians in the province.

The Emergency Medical Aid Act
- Provides protection from liability for physicians, nurses and others when they are providing, in good faith, emergency care outside a hospital or place with adequate facilities or equipment.

The Health District Act
- Most of the provisions within this Act have been repealed with the proclamation of most sections of *The Regional Health Services Act*. Provisions with regards to payments by amalgamated corporations to municipalities and indebtedness of union hospital boards remain.

The Health Facilities Licensing Act
- Governs the establishment and regulation of health facilities such as non-hospital surgical clinics.

The Health Information Protection Act *(not yet proclaimed)*
- Protects personal health information in the health system in Saskatchewan.
- Establishes a common set of rules that emphasize the protection of privacy, while ensuring that information is available to provide efficient health services.

The Health Quality Council Act
- This new legislation created the Health Quality Council which is an independent, knowledgeable voice that provides objective, timely, evidence-based information and advice for achieving the best possible health care using available resources within the province.

The Hearing Aid Act
- Governs the province's hearing aid and audiology program.

The Hearing Aid Sales and Services Act *(not yet proclaimed)*
- Regulates private businesses involved in the selling of hearing aids.

The Hospital Standards Act
- Provides the standards to be met for services delivered in hospitals.

The Housing and Special-Care Homes Act
- Regulates the establishment, licensing and funding of special-care homes (long term care facilities) in the province.

The Human Tissue Gift Act
- Regulates organ donations in the province.

Appendix I: Summary of Saskatchewan Health Legislation

The Licensed Practical Nurses Act, 2000
- Regulates licensed practical nurses in the province.

The Medical and Hospitalization Tax Repeal Act
- Ensures premiums cannot be levied under The Saskatchewan Hospitalization Act or The Saskatchewan Medical Care Insurance Act.

The Medical Laboratory Licensing Act, 1994
- Governs the operations of medical laboratories in the province.

The Medical Laboratory Technologists Act
- Regulates the profession of medical laboratory technology.

The Medical Profession Act, 1981
- Regulates the profession of physicians and surgeons.

The Medical Radiation Technologists Act
- Regulates the profession of medical radiation technology.

The Mental Health Services Act
- Regulates the provision of mental health services in the province and the protection of persons with mental disorders.

The Midwifery Act *(not yet proclaimed)*
- Will regulate midwives in the province.

The Mutual Medical and Hospital Benefit Associations Act
- Sets out the authority for community clinics to operate in Saskatchewan.

The Naturopathy Act
- Regulates naturopathic physicians in Saskatchewan.

The Occupational Therapists Act, 1997
- Regulates the profession of occupational therapy.

The Ophthalmic Dispensers Act
- Regulates opticians in the province.

The Optometry Act, 1985
- Regulates the profession of optometry.

The Osteopathic Practice Act
- Regulates osteopathic physicians in Saskatchewan.

The Personal Care Homes Act
- Regulates the establishment, size and standards of services of personal care homes.

The Pharmacy Act, 1996
- Regulates pharmacists and pharmacies in the province.

The Physical Therapists Act, 1998
- Regulates the profession of physical therapy.

The Prescription Drugs Act
- Provides authority for the provincial drug plan.

The Psychologists Act, 1997
- Regulates psychologists in Saskatchewan.

The Public Health Act
- Some sections of this Act remain in force in order that governing boards of some facilities can continue to operate.

The Public Health Act, 1994
- Provides authority for the establishment of public health standards, such as public health inspection of food services.

The Regional Health Services Act
- This new Act addresses the governance and accountability of the new health regions, establishes standards for the operation of various programs and will repeal *The Health Districts Act.*

The Registered Nurses Act, 1988
- Regulates registered nurses in Saskatchewan.

The Registered Psychiatric Nurses Act
- Regulates the profession of registered psychiatric nursing.

The Saskatchewan Health Research Foundation Act
- This new legislation created a research foundation that designs, implements, manages and evaluates funding programs to support a balanced array of health research in the province of Saskatchewan.

The Saskatchewan Medical Care Insurance Act
- Provides the authority for the province's medical care insurance program and payments to physicians.

Appendix I: Summary of Saskatchewan Health Legislation

The Senior Citizens' Heritage Program Act
- This provides the authority for an obsolete low-income senior citizens program.

The Speech-Language Pathologists and Audiologists Act
- Regulates speech-language pathologists and audiologists in the province.

The Tobacco Control Act
- The purpose of this Act is to control the sale and use of tobacco and tobacco-related products in an effort to reduce tobacco use, especially among Saskatchewan young people and to protect young people from exposure to second-hand smoke.

The Vital Statistics Act, 1995
- Administers the registration of births, deaths, marriages, adoptions and divorces in the Province of Saskatchewan.

The White Cane Act
- Sets out the province's responsibilities with respect to services for the visually impaired.

Appendix II: Legislative and Regulatory Amendments

Legislation

A number of pieces of Health legislation are before the Legislative Assembly for the Province of Saskatchewan during the Fourth Session of the 24th Legislature. At time of writing none of the following had yet received royal assent.

The Health Information Protection Amendment Act, 2003

This amendment Act will clarify the rights individuals have regarding records on the Saskatchewan Health Information Network (SHIN) or similar records created and controlled by other prescribed persons, clarify the intent regarding use and disclosure of personal health information, and address several errors or omissions in the original statute.

The Occupational Therapists Amendment Act, 2003

The amendments are proposed to allow registration and licensure of an occupational therapist who has a Professional Masters degree in occupational therapy without having first received an undergraduate degree in occupational therapy and to make housekeeping changes regarding the filing of bylaws.

The Miscellaneous Statutes (Security Management) Amendment Act, 2003

Three Health statutes are being amended within this omnibus Bill. Specifically, amendments to:

- *The Department of Health Act* will expand the powers of the Minister of Health to demand documents and information prior to issuing health services cards and substantially increase penalties for individuals attempting to obtain this identification by knowingly providing false or misleading information;
- *The Public Health Act, 1994* will enhance its authority to more effectively respond to serious public health threats and hazards associated with terrorist activity; and
- *The Saskatchewan Medical Care Insurance Act* will increase the penalty for withholding information or providing false information for the purpose of registering for a provincial health services card.

The Miscellaneous Statutes (Security Management) Amendment Act, 2003 (No. 2)

Two Health statutes are being amended within this omnibus Bill. Specifically, amendments to *The Vital Statistics Act, 1995* and *The Change of Name Act, 1995* will expand the powers of the Director of Vital Statistics to demand documents and information prior to issuing identity documents and substantially increase penalties for individuals attempting to obtain this identification by knowingly providing false or misleading information.

The Personal Care Homes Amendment Act, 2003

Amendments to this Act will allow and identify the terms for the collection and use of security to be obtained from applicants for a large personal care home licence with an authorized capacity 21 or more residents, allow for the appointment of an administrator by the Minister of Health or by the Court should the situation arise where the security is forfeited, and allow the Crown to claim costs they have put into the winding up of an operation as a debt to the Crown, and an ability to recover these costs pursuant to *The Financial Administration Act.*

The Pharmacy Amendment Act, 2003

This amendment Act will provide regulatory bylaw-making authority allowing pharmacists to prescribe medications, change the name of the association from the "Saskatchewan Pharmaceutical Association" to the "Saskatchewan College of Pharmacists", and provide an administrative bylaw-making authority for the transfer of funds from the Saskatchewan Pharmaceutical Association to the Representative Board of Saskatchewan Pharmacists or similar organization for any purpose consistent with the objectives of the Association.

The Podiatry Act

This new Act will change the name of the Act from *The Chiropody Profession Act to The Podiatry Act,* change the name of the Saskatchewan Association of Chiropodists to the Saskatchewan College of Podiatrists, provide standard provisions for regulating a health profession in the province, and provide bylaw-making authority to allow podiatrists to prescribe medications and order diagnostic tests

Appendix II: Legislative and Regulatory Amendments

The Registered Nurses Amendment Act, 2003

Amendments to this Act will provide the Saskatchewan Registered Nurses Association (SRNA) with authority to make bylaws to establish and govern a continuing competence program, and to require the participation of members in that program, ensure confidentiality of any information related to a member's participation in the continuing competence program, specify the term of office of a public representative as three years, and provide for filing requirements for administrative bylaws.

Regulations

A number of regulatory amendments were made in 2002-2003.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2002 (No. 2)

Amendments to these regulations provided the authority for the payment of insured chiropractic services on the basis of an amended payment schedule which took effect April 1, 2002 and for the payment of insured physician services on the basis of an amended payment schedule which took effect April 1, 2002.

The Prescription Drugs Amendment Regulations, 2002

Amendments to these regulations established a new income-tested by which Saskatchewan residents could obtain benefits under the provincial drug plan.

The Regional Health Services Administration Regulations

These new regulations specify eligibility requirements for regional health authority members, prescribe limits for certain financial transactions, prescribe certain persons as health care organizations, specify the qualification of auditors who perform audits on behalf of regional health authorities, specify insurance coverage requirements for regional health authorities and health care organizations and other administrative matters.

The Personal Care Homes Amendment Regulations, 2003

Amendments to these regulations removed the 40-bed limit on personal care homes and improved standards related to staffing, insurance, resident care, record keeping and other matters.

The Health Hazard Regulations

These new regulations provide for the regulations of small public water systems supplying water for drinking or hygienic purposes, require owners or operators of a public place to provide sanitary facilities and services, require owners or operators of public buildings to monitor air quality of these buildings, require an operator of a personal service facility to operate in a sanitary manner, specify how a dead animal is to be disposed, enable a local authority to post signs of potential health hazards and repealed sections of *The Sanitation Regulations* and all of *The Sawmill, Lumber and Mining Camp Regulations and The Barber and Beauty Culture Establishments Regulations, 1979.*

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2002

Amendments to these regulations allowed the Family Health Benefits and Supplementary Health Benefits program beneficiaries flexibility in order that they may "upgrade" two specific dental services, namely tooth coloured fillings in posterior teeth and cast metal partial dentures, from the basic services covered under the program and permitted dentists to "extra bill" Family Health Benefit families for the difference between their customary fees and the fees paid by this benefit program.

The Saskatchewan Medical Care Insurance Payment Amendment Regulations, 2002 (No. 3)

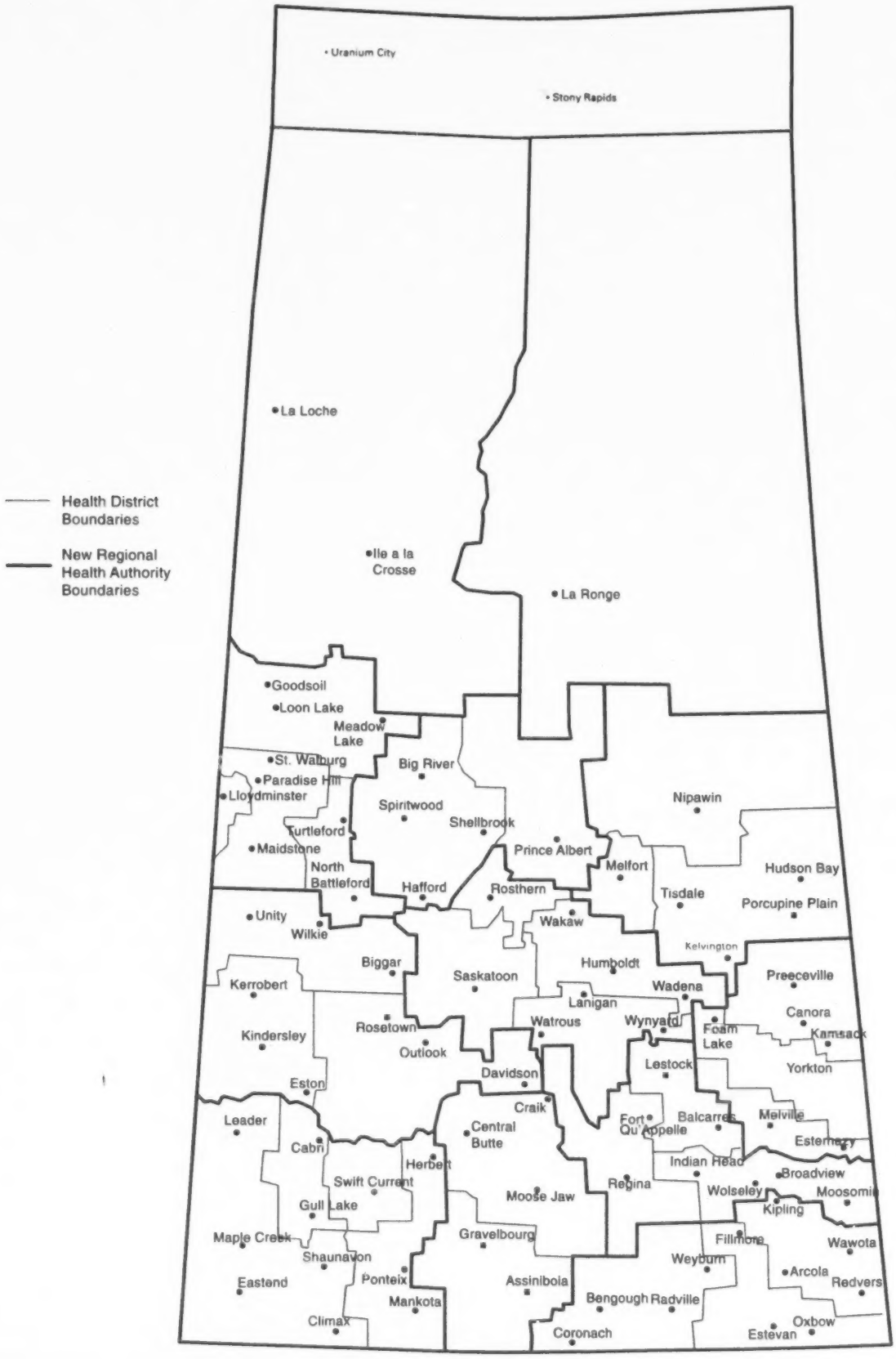
Amendments to these regulations provided the authority for the payment of insured dental services on the basis of an amended payment schedule which took effect January 1, 2003.

Appendix II: Legislative and Regulatory Amendments

The Saskatchewan Assistance Plan Supplementary Health Benefits Amendment Regulations, 2003

Amendments to these regulations provide for persons receiving the Transitional Employment Allowance access to benefits under the Supplementary Health Benefits Program. Access to these benefits are determined by the Department of Community Resources and Employment on the basis of demonstrated need.

Appendix III: Regional Health Authorities Map



Appendix IV: Saskatchewan Hospitals: Select Data

Hospital Category	Community	Community Population 2002	Family Physicians March 2002 [a]	Specialists March 2002 [b]	Surgery Cases (Inpatient and Day Surgery) 2000/01 [h]	Births 2001/02 (Preliminary Data)	Acute Average Daily Patient Census 2001/02 (Preliminary Data)	Acute Beds Staffed March 2002
Provincial (5)	Saskatoon (3 hospitals)	210312	174	379	34,501	2,993	564	625
	Regina (2 hospitals)	187429	160	205	31,805	3,986	489	532
Regional (6)	Prince Albert [c]	39891	45	45	5,973	1,179	86	102
	Moose Jaw	34442	24	28	4,779	486	61	85
	Lloydminster [d]	22453	11	11	1,956	610	37	47
	North Battleford	19765	17	18	2,403	442	55	71
	Yorkton	15675	11	16	4,381	625	57	80
	Swift Current	16026	17	17	2,287	311	53	79
District (9)	Estevan	10960	11	2	754	275	35	53
	Weyburn	10170	11	3	382	89	22	40
	Meadow Lake [c]	6354	9	0	486	293	15	21
	Melfort	5927	9	3	1,039	103	20	39
	Humboldt	5602	9	1	717	109	29	39
	Nipawin	5132	10	1	290	148	25	38
	Kindersley	4890	5	0	227	89	15	16
	Melville	4701	4	1	283	31	20	30
	Tisdale	3514	5	0	274	53	15	24
North (4)	La Ronge	4519	10	0	21	119	10	22
	La Loche	2875	3	0	0	0	0	10
	Ile a la Crosse	1540	2	0	0	13	5	20
	Stony Rapids [f]	949	0	0	0	0	0	0
Community (43)	Assiniboia	2749	3	0	1	8	10	13
	Rosetown	2714	5	0	214	28	14	14
	Esterhazy	2690	4	0	15	0	13	22
	Maple Creek	2604	3	0	7	8	7	20
	Moosomin	2554	7	0	13	15	22	31
	Biggar	2468	5	0	6	1	8	14
	Unity	2429	2	0	9	19	5	10
	Outlook	2381	3	0	2	0	8	6
	Canora	2406	4	1	8	1	13	16
	Hudson Bay	2296	3	0	0	13	3	10
	Fort Qu'Appelle	2265	4	0	0	0	9	12
	Wynyard	2139	4	0	2	0	7	8
	Watrous	2047	3	0	2	0	4	4
	Shaunavon	2029	3	0	4	6	5	21
	Kamsack	2021	3	0	158	15	18	20
	Indian Head	1933	3	0	1	0	8	16
	Shellbrook	1588	5	0	0	1	13	18
	Rosthern	1542	6	0	7	30	14	30
	Wadena	1449	2	0	0	0	8	14
	Lanigan	1450	2	0	16	0	4	4
	Foam Lake	1275	1	0	0	1	4	4
	Gravelbourg	1253	2	0	0	0	7	9
	Preeceville	1247	2	0	6	2	9	10
	Kerrobert	1169	2	0	2	0	6	6
	Maidstone	1175	3	0	0	2	10	23
	Spiritwood	1177	3	0	0	2	7	8
	Davidson	1125	1	0	2	0	1	2
	Kelvington	1066	2	0	0	6	5	14
	Kipling	1091	3	0	12	0	11	17
	Big River	1087	2	0	0	0	3	6
	Wakaw	1046	2	0	10	11	10	20
	Redvers	1013	3	0	10	5	6	13
	Porcupine Plain	987	1	0	0	14	6	10
	Leader	998	2	0	0	0	7	23
	Wolseley	854	2	0	5	13	8	17
	Herbert	847	2	0	4	0	8	13
	Broadview	632	2	0	5	7	7	18
	Balcarres	631	1	0	0	0	6	6
	Arcola	555	2	0	2	0	7	12
	Paradise Hill	603	1	0	0	0	4	13
	Central Butte	478	1	0	0	0	5	5
	Loon Lake	385	1	0	1	1	2	10
	Lestock	180	2	0	17	0	6	9
Hospitals operating as health centres (4)	Wawota [e]	614	0	0	0	0	0	0
	Hafford [e]	480	0	0	0	0	2	0
	Uranium City [e,f]	180	1	0	0	0	0	0
	Turtleford [g]	606	2	0	0	1	4	0
		677,754	**665**	**731**	**93,099**	**12,163**	**1,953**	**2,544**
ALL SASKATCHEWAN (covered by Saskatchewan Health)		**1,024,788**	**712**	**732**				

(a) Family physicians (or general practitioners) who were active as of March 19, 2002. "Active" physicians are those with their own MSB billing number who earn $12,500 or more in Medical Services Plan payments in the quarter and are still in practice on the last day of the quarter. It also includes physicians on an alternate funding arrangement who submit $12,500 or more in shadow billings. Ile a la Crosse and Uranium City don't shadow bill, therefore the number of full-time funded positions is used.
(b) Specialists with active Medical Services Plan billing numbers. Specialists who practice in more than one location are registered in the community where they earn the majority of income, or (for those on contract) in the largest community.
(c) Among Regional and District hospitals, Prince Albert and Meadow Lake treat a high percentage of referrals from northern communities.
(d) The population of Lloydminster includes Lloydminster, Alberta. Family physician total excludes approximately 18 general practitioners who bill through Alberta Health.
(e) Wawota, Hafford, and Uranium City are currently operating as health centres due to lack of staff and/or physician coverage.
(f) Uranium City Municipal Hospital will be replaced by a new hospital being built in Stony Rapids. Construction is expected to be complete in Summer, 2003.
(g) Turtleford was redeveloped as a health centre in November 2001.
(h) Surgical cases are identified using CIHI's medical/surgical indicator (inpatient cases) and 1991 list of operative procedures (day surgery cases).

Appendix V: Saskatchewan Health Directory of Services

Visit our website at www.health.gov.sk.ca. Some forms and program information may be available online.

1. For a map of Saskatchewan's Regional Health Authorities:

Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6
Telephone: (306) 787-3696

2. Local Regional Health Authority offices:

Cypress Regional Health Authority	778-5100
Five Hills Regional Health Authority	694-0296
Heartland Regional Health Authority	882-4111
Keewatin Yatthe Regional Health Authority	235-2220
Kelsey Trail Regional Health Authority	873-3100
Mamawetan Churchill River Regional Health Authority	425-2422
Prairie North Regional Health Authority	446-6606
Prince Albert Parkland Regional Health Authority	765-6100
Regina Qu'Appelle Regional Health Authority	766-7792
Saskatoon Regional Health Authority	655-1576
Sun Country Regional Health Authority	842-7211
Sunrise Regional Health Authority	786-0109
Athabasca Health Authority	439-2200
Saskatchewan Cancer Agency	585-1831

3. To report changes to the health registry, or to obtain a health services card, or for more information concerning health registration:

Saskatchewan Health Registration
Saskatchewan Health
1942 Hamilton Street
Regina, SK S4P 3V7

- Regina residents (306) 787-3251 or
- Other residents within the province may call our toll-free number 1-800-667-7551

Or, visit our web site at www.health.gov.sk.ca. Some forms may be available online.

4. For problem gambling prevention and treatment services:

- Toll-free Problem Gambling Help Line 1-800-306-6789

5. Supplementary Health Program and Family Health Benefits:

- Regina residents (306) 787-4723 or
- Other residents within the province may call toll-free 1-877-696-7546

6. For information about the Saskatchewan Air Ambulance program:

- Telephone (306) 787-1586

7. For Special Support applications for prescription drug costs:

Either contact your pharmacy, or call:

- Regina residents (306) 787-3317 or
- Other residents within the province may call our toll-free number 1-800-667-7581

8. For additional information about Saskatchewan Aids to Independent Living (SAIL):

- Telephone (306) 787-7121

9. Out-of-province health services:

- Regina residents (306) 787-3437 or
- Other residents within the province may call our toll-free number 1-800-667-7523

Prescription Drug inquiries
- Regina residents (306) 787-3317 or
- Other residents within the province may call our toll-free number 1-800-667-7581

10. To obtain refunds for out-of-province physician and hospital services, and drug costs, forward bills to:

Claims and Benefits
Medical Services Plan
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6 and

Drug Plan and Extended Benefits Branch
Saskatchewan Health
3475 Albert Street
Regina, SK S4S 6X6

Appendix VI: 2002-03 Actual Capital Expenditure for Saskatchewan Health

Capital Projects

Regional Health Authority	Community/Facility	Project Description	2002-03 Actual Expenditure
Athabasca	Stony Rapids	Hospital Replacement	6,533,700
Cancer Agency	Allan Blair Cancer Centre	Linac Bunker	82,039
Cypress	Herbert	Elevator Upgrade	16,250
Cypress	Leader	Clinic Renovation and Addition	170,819
Cypress	Shaunavon	Community Program Renovation	180,000
Cypress	Leader	Hospital Renovation and Addition	404,155
Cypress	Swift Current	Air Conditioning and Ventillation System	53,820
Cypress	Swift Current	Sprinkler System Care Centre	131,186
Five Hills	Moose Jaw Union Hospital	Re-roofing	41,000
Five Hills	Pioneer Lodge	Fire Code Upgrade	19,500
Heartland	Biggar	Boiler Replacement	65,000
Heartland	Kindersley	Integrated Facility Medical Gas Repairs	21,080
Heartland	Kindersley	Re-roofing	135,000
Heartland	Kindersley	Sprinkler and Fire Alarm Upgrade	292,000
Keewatin Yatthe	Ile A La Crosse	For Ile a la Crosse, St. Joseph's Hospital, Buffalo Narrows, Beauval and Green Lake	675,000
Kelsey Trail	Melfort	Regional Care Centre Replacement	8,764,725
Kelsey Trail	Cumberland House	Planning Study	10,000
Kelsey Trail	Carrot River	Health Centre Addition and Renovation to Nursing Home	99,888
Kelsey Trail	Kelvington	Roof Repairs	200,000
Prairie North	River Heights	Window Replacement and Sprinklers	345,000
Prairie North	Meadow Lake	Northlands Long-term Care Renovation	116,000
Prairie North	Turtleford	Acute Addition to Nursing Home	93,276
Prince Albert Parkland	Hafford	Shingle Replacement	7,800
Regina Qu'Appelle	Santa Maria Special Care Home	Elevator	13,775
Regina Qu'Appelle	Fort Qu'Appelle	Replacement Facility	800,000
Saskatoon	St. Elizabeth's Hospital	Smoke Detectors	64,000
Saskatoon	Humboldt	Hospital Replacement	86,300
Saskatoon	Duck Lake	Nursing Home Roof Replacement	16,264
Saskatoon	St. Paul's Hospital	Door Closures	9,750
Saskatoon	Royal University Hospital	Elevator Upgrade	22,652
Saskatoon	Circle Drive Special Care Home	Floor Replacement	63,000
Saskatoon	Royal University Hospital	Parkade and Entrance Upgrade	150,827
Saskatoon	St. Ann's Senior Citizen's Village	Re-development	1,047,569
Sun Country	Weyburn	Regional Care Centre Replacement for Tatagwa View	539,133
Sunrise	Yorkton Regional Health Centre	Roof Replacement	28,600
Sunrise	Yorkton	Long-term Care Rationalization	31,874
Sunrise	Foam Lake	Jubilee Home Mechical Room	67,600
Sunrise	Yorkton	Renal Dialysis Unit Expansion	216,000
Sunrise	Melville	Acute Addition to Nursing Home	2,220,196
Capital Projects Total			**23,834,778**

Capital Equipment

Regional Health Authority	Community/Facility	Project Description	2002-03 Actual Expenditure
Cancer Agency	Cancer Agency	Linear Accelerators	1,500,000
Cypress	Swift Current Union Hospital; all other sites	Laboratory Equipment; Medical/Surgical Equipment; Patient Beds; Patient Lifts	295,918
Five Hills	Central Butte Union Hospital; Central Butte Regency Manor; Craik Health Centre; Moose Jaw Union Hospital; Home Care; Public Health; Pioneer Lodge	Laboratory Equipment; Medical/Surgical Equipment; Diagnostic Imaging; Rehabilitation Equipment; Patient Beds; Other Equipment	465,356
Prairie North	Battlefords Union Hospital	Laboratory Equipment; Medical/Surgical Equipment; Patient Beds; Patient Chairs/Furniture	307,625
Prairie North	Lloydminster Hospital	Laboratory Equipment; Medical/Surgical Equipment	134,529
Prince Albert Parkland	Victoria Hospital	Laboratory Equipment; Medical/Surgical Equipment; Diagnostic Imaging	654,483
Regina Qu'Appelle	Regina General Hospital; Pasqua Hospital; Wascana Rehabilitation Centre; Emergency Medical Services	Laboratory Equipment; Medical/Surgical Equipment; Diagnostic Imaging	3,000,000
Saskatoon	Royal University Hospital; Saskatoon City Hospital; St. Paul's Hospital; all hospitals; Saskatchewan Hearing Aid Plan	Laboratory Equipment; Medical/Surgical Equipment; Diagnostic Imaging	3,000,000
Sunrise	Foam Lake Health Centre; Lakeside Manor Care Home; Public Health; Yorkton Regional Health Centre; Yorkton and District Nursing Home	Laboratory Equipment; Medical/Surgical Equipment; Dental Health Equipment; Diagnostic Imaging; Rehabilitation Equipment; Patient Lifts; Patient Beds; Patient Chairs/Furniture; Other Equipment	642,089
Capital Equipment Total			**10,000,000**